

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB -2 AM 8:40

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

LEGACY KEEPER LLC

2. The complete street and mailing addresses of the initial designated/principal office:

71 S 700 W Blackfoot Id 83221

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

NEIL ANDERSON 71 S 700 W Blackfoot  
(Name) (Street Address) Id 83221

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>NEIL ANDERSON</u>	<u>71 S 700 W Blackfoot Id</u> <u>83221</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

71 S 700 W Blackfoot Id 83221

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: NEIL ANDERSON

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/02/2011 05:00  
CK: 5393 CT: 131246 BH: 1250121  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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