

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Typed Name: _____

2009 JAN 21 AM 8:21

SECRETARY OF STATE STATE OF IDAHO

Michael 8 The complete street and mailing addresses	Bryan LLC
. The complete street and mailing addresses	
	of the initial designated/principal office
370 W 450 S He	•
(Street Address)	ne
(Mailing Address, if different than street address)	
The name and complete street address of the	ne registered agent:
Michael Bryan	370 W 450 S. Heyburn ID 83338
(Name) (Street A	(ddress)
The name and address of at least one mem company: Name	ber or manager of the limited liability Address
Michael Bryan	370 W 450 S Heyburn ld 83336
Mailing address for future correspondence (a	annual report notices):
370 W 450 S He	-
Future effective date of filing (optional):	
	oris
- · · · · · · · · · · · · · · · · · · ·	
ignature of organizer(s). (An organizer is a member, sting in behalf of a member or members). ignature <u>Michael</u> Buyan	Secretary of State use only
ting in behalf of a member or members).	Secretary of State use only

IDANO SECRETARY OF STATE 91/21/2009 05:00 CK: 1157 CT: 233320 BH: 1153211 1 0 100.00 = 100.00 ORGAN LLC # 1

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