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CERTIFICATE OF C		09 OCT -9 AM 8: 43
(Instructions on back	(Instructions on back of application)	
1. The name of the limited liability con	mpany is:	STATE OF IDAHO
Br	avo Equipment, L.L.C.	
2. The complete street and mailing ad 573 North Ida	dresses of the initial desig hline Road, Post Falls, ID 8385	
(Street Address)		
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the registered ager	nt:
John L. Frank	573 North Idahline Road, Post Falls, ID 83854	
(Name)	(Street Address)	
Name John L. Frank Troy Peterson	Address 573 North Idahiine Road, Post Falls, ID 83854 573 North Idahiine Road, Post Falls, ID 83854	
	573 North Idahline Road, Post Falls, ID 83854	
Stacey Peterson		al ( as t and the as a t
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5. Mailing address for future correspo 573 North Ida	ndence (annual report not hline Road, Post Falls, ID 8385	
6. Future effective date of filing (optio	nal):	
Signature of organizer(s). (An organizer is acting in behalf of a member or members).		
Signature × John I Frank		Secretary of State use only
Typed Name John L. Frank	corplicimist LC formistcart_org_lk.PMD Revised 0772008	
Signature	mstLC fo	10/09/2009 05: CK: 47648 CT: 22865 BH: 119
Typed Name:	Corpition	1 2 20.00 = 20.80 EXPEDITE