



CERTIFICATE OF ORGANIZATION FILED LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC - 1 AM 8:15

1. The name of the limited liability company is:

NORKRIS LLCSECRETARY OF STATE
STATE OF IDAHO

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

1831 west 5500 south, Victor, ID 83455

(Street Address)

P.O. Box 655 Victor, ID 83455

(Mailing Address, if different than street address)

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

Norman S. Bailey

(Name)

1831 west 5500 south, Victor, ID 83455

(Street Address)

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

NameAddressKristine F. Ciesinski1831 west 5500 south Victor IDNorman S. Bailey, , 83455

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

P.O. Box 655, Victor, ID 83455

6. Future effective date of filing (optional):
- Dec 15 2010

Signature of a manager, member or authorized person.

Signature

Typed Name: Norman S. Bailey

Secretary of State use only

Signature

Typed Name: Kristine F. Ciesinski

IDAHO SECRETARY OF STATE
12/01/2010 05:00
CK: 4888 CT: 95173 BH: 1248984
1 @ 100.00 = 100.00 ORGAN LLC # 2