

# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY 12 AM 8:40  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Keepitcovered LLC

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

3071 Laurelwood Dr Twin Falls, ID. 83301

(Street Address)

(Mailing Address, if different than street address)

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

Gus Bowman

(Name)

3071 Laurelwood Dr Twin Falls, ID 83301

(Street Address)

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

**Name**

**Address**

Gus Bowman

3071 Laurelwood Dr Twin Falls, ID 83301

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

3071 Laurelwood Dr Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Gus Bowman

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/12/2011 05:00  
CK: 472 CT: 02024 BH: 1273334  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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