

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 MAY 23 AM 9: 33

(Instructions on back of application)

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STATE	OF	ID/	∖HÔ.	-

i. The name of the limited liab	olity company is: STAIT OF IDAHO
	HIGH PLAINS STORAGE, LLC
2. The complete street and mai	iling addresses of the initial designated/principal office:
1650 OVERLAND AVE SUITE 7	BURLEY, ID 83318
(Street Address)	
(Mailing Address, if different than street	address)
<ol><li>The name and complete stre</li></ol>	eet address of the registered agent:
JUSTIN MITCHELL	1650 OVERLAND AVE SUITE 7 BURLEY, ID 83318
(Name)	(Street Address)
<ol><li>The name and address of at company:</li></ol>	least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
BRENT F. MITCHELL	1650 OVERLAND AVE SUITE 7 BURLEY, ID 83318
JUSTIN MITCHELL	1650 OVERLAND AVE SUITE 7 BURLEY, ID 83318
5. Mailing address for future co	rrespondence (annual report notices): BURLEY, ID 83318
6. Future effective date of filing	(optional):
Signature of a manager, memperson.	nber or authorized
Ano ex	Secretary of State use only
Signature (////////////////////////////////////	Uptall
yped Name: BRENT F. MITCHEL	<u>L'</u>
Signature	IDAHO SECRETARY OF STATE
yped Name:	CK: 14884 CT: 93781 BH: 1274986
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