

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

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(Instructions on back of application)

1.	. The name of the limited liability company is:  EAB Holding Company LLC		STATE OF I
			OIME OF H
2.	The complete street and mailing addresses of the initial designated/principal office:  349 West Iowa Ave. Nampa, ID 83686  (Street Address)		
	(Mailing Address, if different than street address)		
3.			
	Jeffrey Bryson	349 West Iowa Ave. Nampa, ID 83686	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	Jeffrey Bryson	349 West Iowa Ave. Nampa, ID 83686	
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5.	Mailing address for future corre		notices):
6.	Future effective date of filing (o	ptional):	
_	nature of a manager, memberson.	r or authorized	
	nature		Secretary of State use only
Туţ	oed Name: Wieffrey Bryson		VELLIA APARPTANU AP AVATE
Sia	nature		IDAHO SECRETARY OF STATE 11/10/2011 05:00 CK: 211 CT: 264061 BH: 1297626
	ped Name:		1 9 188.99 = 188.88 ORGAN LLC # 2
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