

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 SEP 12 AM 9:

(Instructions on back of application)

1. The name of the limited liabi	ility company is: STATE OF IDA
	East Idaho Company LLC
 The complete street and mail 323 Vista Dr, Pocatello, ID 83201 	ling addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street a	(ddress)
3. The name and complete stre	et address of the registered agent:
Guy W Cotroneo	323 Vista Drive, Pocatello, ID 83201
(Name)	(Street Address)
The name and address of at company:	least one member or manager of the limited liability
Name	Address
Guy W Cotroneo	323 Vista Drive, Pocatello, ID 83201
Pam C Pitman	323 Vista Drive, Pocatello, ID 83201
5. Mailing address for future cor 323 Vista Drive, Pocatello, ID 832	respondence (annual report notices):
000 1100 2110, 11 002,010, 12 002	
Future effective date of filing	(optional):
signature of a manager, memberson.	~
ignature A	Secretary of State use only
yped Name: Guy W Cotroneo	
ignature Constitution	=
yped Name: Pam C Pitman	IDAHO SECRETARY OF STATE @9/12/2011 @5:00 CX: 1359 CT: 262346 BH: 1289938

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