



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 13 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SV WORX LLC

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

970 2 mile Cr. Rd. Osburn ID 83849

(Street Address)

P.O. Box 1055 Osburn ID 83849

(Mailing Address, if different than street address)

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

Rhonda R. Howell

(Name)

970 2 mile Cr. Rd. Osburn

(Street Address)

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

Name

Address

Rhonda R. Howell 970 2 mile Cr. Rd. Osburn

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

P.O. Box 1055 Osburn ID 83849

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Rhonda R. Howell

Typed Name: Rhonda R. Howell

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/13/2010 05:00
CK: 5964 CT: 251186 BH: 1238627
1 @ 100.00 = 100.00 ORGAN LLC # 2

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