



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY -4 AM 10: 39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Richards Organization LLC

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

2000 Larch Street Boise, Idaho 83706

(Street Address)

(Mailing Address, if different than street address)

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

Grant Clyn Richards

(Name)

2000 Larch Street Boise, Idaho 83706

(Street Address)

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

Name

Grant Clyn Richards President

Address

2000 Larch Street Boise, Idaho 83706

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

G.C. Richards 2000 Larch Street Boise, Idaho 83706

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: Grant Clyn Richards

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
05/04/2009 05:00
CK: 233393 CT: 172099 BH: 1168772
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