

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

10 NOV -4 PM 1: 05

1.	The name of the limited liability con	npany is: prothy L. Ward LLC	SECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office: 4930 Hawthorne Rd, Chubuck Idaho 83202		
	(Street Address) C/O Robert Ward P. O. Box 3052 , Pocatello, Idaho 83206-3052		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Robert E Ward III	2186 colonial,	Pocatello Idaho 83206Ro
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Robert E Ward	P.O. Box 3052 Pocatello Idaho 83206-3052	
5.	Mailing address for future correspond C/O Robert Ward P.O. Box 3052 Pocate	` .	ort notices):
6.	Future effective date of filing (option	al):	
_	nature of a manager, member or son.	authorized	
	As In Charles		Secretary of State use only
	nature Multiple and the state of the state o		
	ped Name: Robert E Ward		IDAHO SECRETARY OF STATE 11/04/2010 05:00 CK: 8108 CT: 252544 BH: 1245963 1 9 199 99 = 109 99 ORGAN LLC # 2
	nature		1 0 20.00 = 20.00 EXPEDITE C # 3
ıyp	ped Name:		W97702