

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

12 APR 18 AM 8: 57

The name of the limited liability company is:		SEOPETARY OF STATE STATE OF IDAHO	
	PIONEER EDGE LLC	STATE OF ID-HO"	
2. The complete street and m 4734 FREEDOM IONA, ID 83	nailing addresses of the initial o	designated office:	
(Street Address)			
(Mailing Address, if different than stre	et address)		
3. The name and complete st	treet address of the registered	agent:	
BRIAN P WILSON		4734 FREEDOM IONA, ID 83427	
(Name)	(Street Address)		
4. The name and address of company:	at least one member or manag	ger of the limited liability	
<u>Name</u>		<u>Address</u>	
BRIAN P WILSON	4734 FREEDOM IONA	4734 FREEDOM IONA, ID 83427	
			
Ministry and the second of the			
			
	correspondence (annual report	: notices):	
4734 FREEDOM IONA, ID 83	427		
6. Future effective date of filir	ng (optional):		
Signature of a manager, me	ember or authorized		
person.		Secretary of State use only	
Signature William			
Typed Name: BRIAN P WILSON			
		IDAHO SECRETARY OF STATE	
Signature		04/18/2012 05:00 CK: 183941858518 CT: 269449 BH: 132835 1 8 186.88 = 188.88 (RGAN LLC # 2	
Typed Name:		T C 100.00 - 100.00 (WORM FTC # 5	

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