



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 21 PM 3: 01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Frazer Group, LLC

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

1099 S. Wells St., Suite 200, Meridian ID 83642

(Street Address)

PO Box 1654, Eagle ID 83616

(Mailing Address, if different than street address)

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

Charles R. Frazer

(Name)

1099 S. Wells St., Suite 200, Meridian ID 83642

(Street Address)

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

Name

Address

Charles R. Frazer

PO Box 1654, Eagle ID 83616

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

PO Box 1654, Eagle ID 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Charles R. Frazer

Signature _____

Typed Name: _____

Secretary of State use only

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12/21/2010 05:00
CK: 569395 CT: 172099 BH: 1251917
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