



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 SEP 10 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Synergy Solutions, LLC

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

1850 Sage Hen Lane

(Street Address)

Ammon, ID. 83406

(Mailing Address, if different than street address)

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

Bryan Magleby

(Name)

1850 Sage Hen Lane, Ammon, ID. 83406

(Street Address)

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

Name

Address

Bryan Magleby

P.O. Box 50560, Idaho Falls, ID. 83405

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

P.O. Box 50560, Idaho Falls, ID. 83405

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Bryan Magleby

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
09/10/2010 05:00
CK: 1000 CT: 251116 BH: 1238343
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