



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC 15 PM 1:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Chappleville, LLC

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

435 West 2nd South, Rexburg, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

Don Chapple

(Name)

435 West 2nd South, Rexburg, ID 83440

(Street Address)

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

Name

Don Chapple

Address

435 West 2nd South, Rexburg, ID 83440

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

435 West 2nd South, Rexburg, ID 83440

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: Don Chapple

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
12/15/2008 05:00
CK: 2026 CT: 232237 BH: 1140330
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FILED EFFECTIVE