



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 23 AM 8:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

GNI, LLC

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

1955 NIAGRA, IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

JENETTA JESPERSON

(Name)

1955 NIAGRA, IDAHO FALLS, ID 83404

(Street Address)

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

Name

Address

JENETTA JESPERSON

1955 NIAGRA, IDAHO FALLS, ID 83404

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

3456 E 17TH #140 AMMON, ID 83406

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 J. Jespersen
Typed Name: JENETTA JESPERSON

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/23/2009 05:00
CK: 1291 CT: 204406 BH: 1167261
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