

Signature _____
Typed Name:

CERTIFICATE OF ORGANIZATION 09 AUG 24 AM 9: 05 LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

	JIMIL OF IDEASO
. The name of the limited liability comp	pany is:
	A.T Investments, LLC
. The complete street and mailing addr	resses of the initial designated/principal office:
1508 E. Cent	ter St.; Pocatello, ID 83201
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street addre	ss of the registered agent:
Colter Hansen	1508 E. Center St.; Pocatello, ID 83201
(Name)	(Street Address)
	•
	e member or manager of the limited liability
company:	
<u>Name</u>	Address
Colter Hansen	1508 E. Center St.; Pocatello, ID 83201
entre de la companya	
A CONTRACTOR OF THE CONTRACTOR	,
	<u> </u>
Mailing address for future correspond	
1508 E. Cen	ter St.; Pocatello, ID 83201
Future effective date of filing (optional	ll):
gnature of organizer(s). (An organizer is a r ing in behalf of a member or members).	member, or is
	Secretary of State use only
gnature (out of the M)	- Constitution of the Philip
ped Name: Coiter Hansen	

IDAHO SECRETARY OF STATE 98/24/2009 05:00 CK: 1981 CT: 239943 BH: 1184125 1 8 188.06 = 188.00 ORGAN LLC # 2