CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of	f application)	SECRETARY OF STATE STATE OF IDAHO
The name of the limited liability comp	any is:	THE OF IDANG
The complete street and mailing addre	esses of the initial d	
(Street Addrass)		
(Mailing Address, if different than street address)		142 1 4 2 mg
	ss of the registered a	agent:
PETER B JENKINS	250 TETON STRE	ET TWIN FALLS, ID 83301
(Name)	(Street Address)	
	e member or manag	er a m
Name	***	Address
PETER B JENKINS	250 TETON STREET TWIN FALLS, ID 83301	
RALYN A NELSON	250 TETON STRE	ET TWIN FALLS, ID 83301
Mailing address for future correspond 250 TETON STE	ence (annual report REET TWIN FALLS, ID	notices): 83301
Future effective date of filing (optional	i):	
	nember, or is	
ng in penair or a member or members).	9	Secretary of State use only
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ed Name: RALYN A NELSON	C/Cospiderm Revisa	IDAHO SECRETARY OF STATE @3/18/2010 @5:00 CK: 484648 CT: 172899 BH: 121355 1 8 188.80 = 106.88 ORGAN LLC
	The name of the limited liability compound VALLEY The complete street and mailing address (Street Address) (Mailing Address, if different than street address) The name and complete street address PETER B JENKINS (Name) The name and address of at least one company: Name PETER B JENKINS RALYN A NELSON Mailing address for future correspond 250 TETON STI	(Mailing Address, if different than street address) The name and complete street address of the registered at PETER B JENKINS PETER B JENKINS (Street Address) The name and address of at least one member or manage company: Name PETER B JENKINS PETER B JEN

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