

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 20 AM 8: 24

SFORT BY OF STATE

1. The name of the limited liabilit	ty company is: STATE OF IDAHO
	3354 E Iona, IL·L·C·
 The complete street and mailin 4225 N 5 West, Idaho Falls, Idaho 8 	ng addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street address	ress)
3. The name and complete street	address of the registered agent:
David B. Cutler	4225 N 5 West, Idaho Falls, Idaho 83401
(Name)	(Street Address)
The name and address of at leacompany: Name	ast one member or manager of the limited liability Address
Cutler Living Trust	4225 N 5 West, Idaho Falls, Idaho 83401
 Mailing address for future corres 4225 N 5 West, Idaho Falls, Idaho 83 	
6. Future effective date of filing (or	otional):
Signature of a manager, member Person.	r or authorized
	Secretary of State use only
Signature John Stille	
yped Name: David B. Cutler, Trustee	
Signature Michel B. Cu	IDAHO SECRETARY OF STATE

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Typed Name: Michele B. Cutler, Trustee

IDAHO SECRETARY OF STATE

01/20/2011 05:00

CK: 53374 CT: 2034 BH: 1256145

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