

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back	of application)	11 AUG 29 AM 9- 10
1.	The name of the limited liability company is: PROVISION SYSTEMS, LLC		SECRE BY OF STATE STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office: 2251 MOONLIGHT DRIVE, HAILEY, ID 83333		
	(Street Address) PO BOX 1164, HAILEY, ID 83333 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	LARRY DON MILLER II (Name)	272 EAST WINTERBER (Street Address)	RRY LOOP, HAILEY, ID 83333
	The name and address of at least one member or manager of the limited liability company:		
	Name LARRY DON MILLER II	PO BOX 1164, HAILEY	Address
5.	Mailing address for future correspon	ndence (annual report	notices):
	PO BOX 1164, HAILEY, ID 83333		
6.	Future effective date of filing (option	al):	
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pers	nature of a manager, member or son.	autnorized	
0:	The state of the s	- -·	Secretary of State use only
_	ed Name: LARRY DON MILLER II		
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Sign	nature		IDANG SECRETARY OF STATE 08/29/2011 05:00 CV. 1854 CT. 261945 RH: 1288238
Тур	ed Name:		1 0 100.00 = 100.00 DRGAN LLC

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