

Signature \

Typed Name: JEANIE W. FISHER

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 13 AM 9: 05

The name of the limited liability co	ompany is: SECRETARY OF STATE STATE OF IDAHO
The complete street and mailing a 150 SOUTH 3RD EAST, REXBURG, ID	ddresses of the initial designated/principal office:
(Street Address)	
(Malling Address, if different than street address)	
The name and complete street ad	
BLAIR FISHER	150 SOUTH 3RD EAST, REXBURG, IDAHO 83440
(Name)	(Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
BLAIR FISHER	150 SOUTH 3RD EAST, REXBURG, IDAHO 83440
JEANIE W. FISHER	150 SOUTH 3RD EAST, REXBURG, IDAHO 83440
	-
Mailing address for future correspondence 150 SOUTH 3RD EAST, REXBURG, ID	
Future effective date of filing (optio	nal):
nature of a manager, member o	

W. Fisher

W94375

CK: 3205 CT: 251174 BH: 1238595 1 0 100.00 = 100.00 ORGAN LLC # 2