

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYPIS AM 8: 48

(Instructions on back of application) SECRETARY OF STATE OF IDAHO

The name of the limited liability comp	nany is:
1. The hame of the little a habity of the	KBIZ, LLC
O. The secondary street and marking add	
•	resses of the initial designated/principal office:
(Street Address)	Drive, Idaho Falls, ID 83401
(Mailing Address, if different than street address)	
3. The name and complete street addre	ess of the registered agent:
Kara L. Kearsley	3137 N. Ivory Drive, Idaho Falls, ID 83401
(Name)	(Street Address)
4. The name and address of at least one	e member or manager of the limited liability
company:	
Name	Address
Kara L. Kearsley	3137 N. Ivory Drive, Idaho Falls, ID 83401
5. Mailing address for future correspond	•
3137 N. Ivory	Drive, Idaho Falls, ID 83401
O First on a first on data of filling (a strong	n.
6. Future effective date of filing (optiona	il):
Signature of organizer(s). (An organizer is a m	nember, or is
acting in behalf of a member or members).	Secretary of State use only
Signature Kau Klustus	H.
Typed Name: Kara L. Kearsley	
	IDAHO SECRETARY OF STATE
Signature	Ø9/18/2008 05:00 CK: 1866 CT: 221159 BH: 1136515
Typed Name:	IDAHO SECRETARY OF STATE 800 10000000000000000000000000000000
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