

## CERTIFICATE OF ORGANIZATION ELED EFFECTIVE LIMITED LIABILITY COMPANY | JUL 14 AM 8: 47

(Instructions on back of application)

The name of the limited liabil	SECRAL AY OF STATE STATE OF IDAHO GO Capital, LLC
The complete street and mail 2345 North Woodruff Avenue, Ida	ling addresses of the initial designated/principal office: aho Falls, ID 83401
(Street Address)	
(Mailing Address, if different than street ad	ddress)
The name and complete stree	et address of the registered agent:
K. Jayce Howell	2345 North Woodruff Avenue, Idaho Falls, ID 83401
(Name)	(Street Address)
The name and address of at company:	least one member or manager of the limited liability
<u>Name</u>	Address
K. Jayce Howell	2345 North Woodruff Avenue, Idaho Falls, ID 83401
Mailing address for future con	rrespondence (annual report notices):
2345 North Woodruff Avenue, Ida	
Future effective date of filing	
gnature of a manager, mem erson.	
gnature Justin R. Seamons	Secretary of State use only
ignature	97/14/2011 05:
/ped Name:	CK: 5889 CT: 98363 BH: 128

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