

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY 11 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

EELS LLC

2. The complete street and mailing addresses of the initial designated/principal office:

770 S HILCREST LOOP MALAD ID 83252

(Street Address)

14353 W CHUBBUCK RD POCATELLO IDAHO 83202

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

TROY G ESTEP

(Name)

770 S HILCREST LP MALAD ID 83252

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name**Address**TROY G ESTEP770 S HILCREST LP MALAD ID 83252JULIE ESTEP770 S HILCREST LP MALAD ID 83252

5. Mailing address for future correspondence (annual report notices):

14353 W CHUBBUCK RD POCATELLO IDAHO 83202

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: TROY G ESTEP

Signature _____

Typed Name: JULIE ESTEP

Secretary of State use only

W 83858

 IDAHO SECRETARY OF STATE
 05/11/2009 05:00
 CK: 3459 CT: 236966 IN: 1169878
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 Revised 07/2008