



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 SEP 20 PM 12:41

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

G & L Solutions LLC

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

9 Copper Mountain Drive, Salmon, ID, 83467

Street Address

(Mailing Address, if different than street address)

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

Gary Craig Hawkins

(Name)

9 Copper Mountain Drive, Salmon, 83467

(Street Address)

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

Name

Address

Gary Craig Hawkins

9 Copper Mountain Drive, Salmon, ID, 83467

Linda Hawkins

9 Copper Mountain Drive, Salmon, ID, 83467

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

9 Copper Mountain Drive Salmon ID 83467

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

Gary Hawkins

Typed Name: Gary Hawkins

Signature

Linda Hawkins

Typed Name: Linda Hawkins

Secretary of State use only

g:\comp\formal.LC forms\cert_org_4c.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
09/20/2010 05:00
CK: 2374 CT: 251407 BH: 1239706
1 @ 100.00 = 100.00 ORGAN LLC # 2

W96551