

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JAN 28 PM 3: 04

SECRETARY OF STATE

	Model 1216, LLC
The complete street and mailing add	dresses of the initial designated/principal office:
1101 W. River St	street, Suite 120, Boise, ID 83702
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street addre	ess of the registered agent:
Keith Reynolds	1101 W. River Street, Suite 120, Boise, ID 83702
(Name)	(Street Address)
company:	ne member or manager of the limited liability
Name	Address
David Nielsen	Post Office Box 1192, Bolse, ID 83701
Keith Reynolds	1101 W. River Street, Suite 120, Boise, ID 83702
Mailing address for future correspond	idence (annual report notices):
	Street, Suite 120, Boise, ID 83702
Future effective date of filing (options	al):
gnature of organizer(s). (An organizer is a	member, or is
ng in behalf of a member or members).	Secretary of State use only
mature Paril N. V	Georgian of State use only
gnature Sawy V ut ned Name: David Nielsen	24 Bo
ped Name: David Nielsen	TRAIN APPROXIMATION
anature O	IDAHO SECRETARY OF STATE 1 /28 /2009 65 1 CK: 6894 CT: 111885 BH: 1154 1 8 168.60 = 168.68 ORGAN LL
ped Name: Keith Reynolds	1 2 100.00 = 100.00 ORGAN LL