CERTIFICATE OF O LIMITED LIABILIT (Instructions on back	of application)
1. The name of the limited liability com	mpany is: SEURCIAIN STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated/principal office: 3770 AMERICAN WAY	
(Street Address) IDAHO FALLS, IDAHO 83402 (Malling Address, if different than street address)	
3. The name and complete street addre SCOTT R. SEEDALL (Name)	ess of the registered agent: 1252 S. 52ND E., IDAHO FALLS, IDAHO 83401 (Street Address)
4. The name and address of at least on company: <u>Name</u> CHAD LEPP	ne member or manager of the limited liability <u>Address</u> 3770 AMERICAN WAY, IDAHO FALLS, IDAHO 83402
5. Mailing address for future correspond c/o Seedall Law Office, P.C.	dence (annual report notices): ., 1252 S. 52nd E., idaho Falls, Idaho 83401
6. Future effective date of filing (optiona	
Signature of organizer(s). (An organizer is a racting in behalf of a member or members). Signature	Secretary of State use only Solution Solutio
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