AT SEA		
CERTIFICATE OF		FILED EFFECTIVE 2014 FEB 27 AM 8: 54
(Instructions on back	k of application)	
1. The name of the limited liability con	mpany is:	SECRETARY OF STATE STATE OF IDAHO
REICOLLC		JIME OF DAND
2. The complete street and mailing ad	dresses of the initial desig	nated/principal office:
456 VAN BUREN STREET , TWIN FALL (Street Address)	_S, ID 83301	
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the registered ager	nt:
LEGALINC CORPORATE SERVICES INC.	INC. 950 BANNOCK STREET SUITE 1100, BOISE, ID 83702 (Street Address)	
	(	
<ol> <li>The name and address of at least c company:</li> </ol>	one member or manager o	f the limited liability
Name	<u>Address</u>	
ROB RUDOLPH	456 VAN BUREN STREET , TWIN FALLS, ID 83301	
		e na statu e
		····
5. Mailing address for future correspon	•	ces):
950 BANNOCK STREET SUITE 1100, B	OISE, ID 83702	
6. Future effective date of filing (option	nal):	
Signature of organizer(s). (An organizer is a	a member, or is	
acting in behalf of a member or members).	S	ecretary of State use only
Signature Marsha Like		
Typed Name: MARSHA SIHA	Corplorms/Lt C forms/cert_org_lic_PMD	
Signature	LC forms 07/2008	
Typed Name:	(forms)L	IDAHO SECRETARY OF STATE 02/27/2014 05:00
		CK: 30425 CT: 187501 BH: 1412527 1 0 100.00 = 100.00 ORGAN LLC # 2