

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on bad	ek of application)	2000 JUL -9 PM 4:
1 The name	1	1	STATE OF IDAHO
i me name	of the limited liability or	ompany is:	SINIE OF INAHO
	GFI KEL	oc LLC	:
2. The comp principal o	ete street address and fice:	mailing address if different, of th	e initial designated/
410	Broad way, I	daho Falls, ID 83	>402
A. THE HOTHE	of the commercial regis the non-commercial reg	tered agent or the name	mplete street
		socoled additt	,
de	Campbell 2	87 5th St, Italaho Falls,	JD 83401
		_	•
4. The name : company;	and address of at least	one member or manager of the l	mited liability
	Name		
1-0	Campbell	PO Box 3597,	TA (51/ +)
			43-417
			10703
4			
			<u> </u>
5. Mailing add	ess for future correspon	ndence (annual report notices):	
<u> </u>	Box 3597, -	dato Falls, ID 8	2.1.5
			2403
6. Future effec	ive date of filing (option	al):	•
Signature of an	rganizer(s). (An organizer	-1 1	
AL 12 SECURIS IN DELISIO	of a required, and existing i	r is a mëmber, Initial member	
or members).	11/1		f State use only
Signature /	w today		
Typed Name:	(JES Campe	SELL I	
	108-813-4253	IDA	HO SECRETARY OF STATE
Signature		CK: 13832	89/2008 05:00 6 CT: 172099 BH: 1126365
Typed Name:		1 2 190.	

1 @ 190.00 = 100.00 ORGAN LLC # 3 1 @ 26.00 = 28.00 EXPEDITE C # 2

W75873