

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) POWER OF ATTORNEY



1. The name of the limited liability company is: RELIANCE TESTING & INSPECTIONS, LLC
2. The address of the initial registered office is: 520 WEST 15TH STREET, IDAHO FALLS, ID 83401
(not a PO Box)
- _____ and the name of the initial registered agent at that address is: MATT M. MORGAN
- Signature of registered agent : _____
3. The latest date certain on which the limited liability company will dissolve: 1-31-2050
4. Is management of the limited liability company vested in a manager or managers?
☐ Yes ☒ No (check appropriate box)
5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

LYNNE M. MORGAN
MATT M. MORGAN

P.O. BOX 1604, IDAHO FALLS, ID 83403
P.O. BOX 1604, IDAHO FALLS, ID 83403

6. Signature of at least one person listed in #5 above:

Lynne M Morgan

IDAHO SECRETARY OF STATE

03/07/2008 09:00
CK: 3388 CT: 127936 BH: 297498
1 @ 100.00 = 100.00 ORGAN LLC 1/2

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