	APPLICATION FOR REGISTRATION OF FOREIGN 05 0CT 19 PM 3: 39 LIMITED LIABILITY COMPANY
_	(Instructions on back of application) SECREMENTED STATE STATE GENOAHO
I.	The name of the limited liability company is: Garrett Group, LLC
2.	If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:
	The jurisdiction under whose laws the limited liability company is organized is:
4.	The name and address of the registered agent in Idaho is: Michael J. Swope, 2897 Swallowtail Lane, Boise, ID 83706
5.	The address of the limited liability company's office in the jurisdiction under whose laws it is organized is: 1209 Orange Street, Wilmington, DE
6.	The address of the limited liability company's principal office, if other than the address in #5 above, is: 2897 Swallowtail Lane, Boise, ID 83706
7.	The address to which correspondence should be addressed is: 2897 Swallowtail Lane, Boise, ID 83706
8.	Signature of a manager, if any, or a member if there are no managers
	Signature

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "GARRETT GROUP, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2005, AT 11 O'CLOCK A.M.



4026348 8100 050733138 Varriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4164659

DATE: 09-19-05

State of Delaware Secretary of State Division of Corporations Delivered 11:00 AN 09/07/2005 FILED 11:00 AM 09/07/2005 SRV 050733138 - 4026348 FILE

STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

- Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")
- Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this 6th _____ day of _____, 20_05____.

Authorized Pe son(s)

Name: Michael Swope Typed or Printed