



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 MAY 17 AM 9:28

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

Navagam LLC

2. The complete street and mailing addresses of the initial designated/principal office:

3609 Pearce Drive Idaho Falls, ID 83401
(Street Address)

P.O. Box 3528 Idaho Falls, ID 83403
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Beau Davis
(Name)

3609 Pearce Dr. Idaho Falls
(Street Address)
ID, 83401

4. The name and address of at least one member or manager of the limited liability company:

Beau Davis
Name

3609 Pearce Drive Idaho Falls
Address
ID, 83401

5. Mailing address for future correspondence (annual report notices):

P.O. Box 3528, ID Idaho Falls, ID 83403

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Beau Davis
Typed Name: Beau Davis

Signature _____
Typed Name: _____

Secretary of State use only

W 93348

IDAHO SECRETARY OF STATE
05/17/2010 05:00
CK: 901 CT: 248024 BH: 1222462
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