FILED EFFECTIVE



9/21/2012

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2815 JAN -6 PM 3: 36

(Instructions on back of application)

SECHETARY OF STATE STATE OF IDAHO

(STATE OF IDAHO	
1. The name of the limited	liability company is:		
Carranza APD LLC.			
2. The complete street and 1265 Parkway Dr. Ste. B BI (Street Address)		initial designated office:	
(Malling Address, if different than	street address)		
3. The name and complete	·	istered agent:	
Shon Gregersen	1265 Parkway	1265 Parkway Dr. Ste. B Blackfoot ID 83221	
(Name)	(Street Address)	(Street Address)	
4. The name and address company: Name	of at least one member or	manager of the limited liability Address	
Shon Gregersen	1265 Parkway	1265 Parkway Dr. Ste. B Blackfoot ID 83221	
5. Mailing address for futur	re correspondence (annua	al report notices):	
1265 Parkway Dr. Ste. B B	lackfoot ID 83221		
6. Future effective date of	filing (optional):		
Signature of a manager,	mamber or authorized		
person.			
		Secretary of State use only	
Signature Shop Gregerse	on.		
Typed Name Shon Gregerse	41	IDAHO SECRETARY OF STATE	
Signature		01/06/2015 05:00 CK:2477296 CT:172899 BH:14	
Typed Name:		16 100.00 = 100.00 ORGAN L	
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