



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 DEC 30 PM 1:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TONY AND BONNIE LLC

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

217 W. SPRUCE

(Street Address)

CALOWELL 10 83605

(Mailing Address, if different than street address)

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

TONY DeMark

(Name)

217 W SPRUCE

(Street Address)

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

Name

Address

TONY DeMark

217 W SPRUCE CALOWELL 10 83605

BONNIE DeMARK

(SAME)

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

217 W SPRUCE CALOWELL 10 83605

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

Signature of a manager, member or authorized person.

Signature TONY DeMark
Typed Name: TONY DeMark

Secretary of State use only

Signature _____
Typed Name: _____

12/30/2011 05:00
CK: CASH CT: 265477 BH: 1303925
1 @ 100.00 = 100.00 ORGAN LLC # 2