

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 NOV 20 AM 9: 45

(Instructions on back of application)

N. S.	(instructions on back	(or application)	SECRETARY OF STATE
1. Th	he name of the limited liability cor	mpany is:	SECRETARY OF STATE STATE OF IDAHO
_	Michaelson Enter	orises LLC	
	The complete street and mailing addresses of the initial designated office: 3852 Boulder Creek Lane, Ammon, Idaho 83406		
(:	Street Address)		
((Mailing Address, if different than street address)		
3. Th	The name and complete street address of the registered agent:		
1	Marty Anderson	3480 Merlin Dr., Idaho Falls, Idaho	83404
7	Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
F	<u>Name</u> Rick Michaelson	Address 3852 Boulder Creek Lane, Ammor	n, Idaho 83406
-	Nadene Michaelson	3852 Boulder Creek Lane, Ammor	n, Idaho 83406
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-			
5. M	ailing address for future correspon	ndence (annual report notices)	:
3	3852 Boulder Creek Lane, Ammon, Idah	o 83406 ————————————————————————————————————	
6. Fu	uture effective date of filing (option	nal):	
Signa persor	iture of a manager, member or n .		
O!			ry of State use only
Signature		11/ CK:2056	0 SECRETARY OF STATE /20/2014 05:00 CT:303419 BH:1450153 = 100.00 ORGAN LLC #:
Signat	ture		
Typed	l Name:	W!	44556