

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE 2015 HAR -2 AM 9: 27

1. The name	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
CelestCo,	LLC.		
•	lete street and mailing a 25 S Gooding, ID 83330 ss)	addresses of the initia	al designated office:
(Mailing Add	ress, if different than street address)	
3. The name	and complete street ad	Idress of the register	ed agent:
Lori Quigle	э у	1671 E 1925 S Gooding, ID 83330	
(Name)		(Street Address)	
4. The name company:	and address of at least	t one member or mar	nager of the limited liability
	<u>Name</u>		<u>Address</u>
Randall Le	ee Quigley	1671 E 1925 S God	oding, ID 83330
•	ldress for future corresp 25 S Gooding, ID 83330	ondence (annual rep	oort notices):
6. Future eff	ective date of filing (opti	onal):	
Signature of person. Signature	a manager, member	or authorized	Secretary of State use only IDAHO SECRETARY OF STATE 03/02/2015 05:00

IDAHO SECRETARY OF STATE 03/02/2015 05:00

CK:9839 CT:307084 BH:1464049 10 100.00 = 100.00 ORGAN LLC #2

Signature____ Typed Name:

W14850Z