



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY FILED EFFECTIVE**

(Instructions on back of application)

2012 AUG 22 1 AM 9:03

1. The name of the limited liability company is: **SECRETARY OF STATE  
NeRDS, LLC STATE OF IDAHO**

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

**1454 NORTHERN PINE DRIVE, TWIN FALLS, ID 83301**

(Street Address)

(Mailing Address, if different than street address)

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

**STACEY D. JOHNSON**

(Name)

**1454 NORTHERN PINE DRIVE, TWIN FALLS, ID 83301**

(Street Address)

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

**STACEY D. JOHNSON**

Name

Address

**1454 NORTHERN PINE DRIVE, TWIN FALLS, ID 83301**

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

**1454 NORTHERN PINE DRIVE, TWIN FALLS, ID 83301**

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Secretary of State use only

Signature *Stacey D. Johnson*

Typed Name: **STACEY D. JOHNSON**

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

cert.org.llc Rev 07/2010

IDaho SECRETARY OF STATE  
08/22/2012 05:00  
CK: 6982 CT: 206593 DH: 1336897  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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