CERTIFICATE OF ORGANIZATION FILED EFFECTIV LIMITED LIABILITY COMPANY 09 FEB -9 AM 10:49 (Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: 2. The complete street and mailing addresses of the initial designated/principal office: 9100 W DEER LN EAGLE Idaho (Street Address) 83616 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: (Name) Verdan DAley 9100 w DEER LN Eagle Id (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name **Address** CINFFORM UDALLES 9100 West DEER LAN Engle to 83616 5. Mailing address for future correspondence (annual report notices): DEER LN Eagle Id 93616 6. Future effective date of filing (optional): Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Secretary of State use only s\LLC forms\cent_ong_lkc.PMD ed_07/2008 Signature <u>Clefford Verdan Kalley</u> Typed Name: <u>Cl. Ferd Verdan Office</u> IBAHD SECRETARY OF STATE Signature Typed Name: _____

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251