



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 JUL 12 PM 4:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

REACTION , LLC

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

615 CRESTVIEW AVE., IDAHO FALLS, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

TERENCE D. THOMSON

(Name)

615 CRESTVIEW AVE., IDAHO FALLS, ID 83402

(Street Address)

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

Name

Address

CASSANDRA THOMSON

615 CRESTVIEW AVE., IDAHO FALLS, ID 83402

TERENCE D. THOMSON

615 CRESTVIEW AVE., IDAHO FALLS, ID 83402

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

615 CRESTVIEW AVE., IDAHO FALLS, ID 83402

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

Signature of a manager, member or authorized person.

Signature 

Typed Name: TERENCE D. THOMSON

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/13/2012 05:00
CK: 6566 CT: 272303 BH: 1331005
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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