

STATE OF IDAHO
FEDERAL BUREAU OF INVESTIGATION
**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

1. The name of the limited liability company is:

The Spartan Group, LLC

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

554 Mahard Dr, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Rebecca M Smith

(Name)

554 Mahard Dr, Twin Falls, ID 83301

(Street Address)

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

Name
Mya Goodman

Address

857 Morning Sun Dr, Twin Falls, ID

Name
Rebecca Smith

Address
554 Mahard Dr, Twin falls, ID 83301

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

P.O. Box 5665, Twin Falls, ID 83303

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

Signature of a manager, member or authorized person.

Signature: Rebecca M Smith

Typed Name: Rebecca M Smith

Secretary of State use only

Signature: _____

Typed Name: _____

BOARD SECRETARIAL STATE

06/23/2015 00:00:00

00

1438915
AN LLC #2

W 141536