



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB -2 4 18:52

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MY HALF, LLC

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

3 NORTH 3800 EAST RIGBY, IDAHO 83442

(Street Address)

P.O BOX 220

(Mailing Address, if different than street address)

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

JOSEPH REED TUCKER

(Name)

4545 E. 129 N. IDAHO FALLS, IDAHO 83401

(Street Address)

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

**Name**

**Address**

JOSEPH REED TUCKER

4545 E. 129 N. IDAHO FALLS, IDAHO 83401

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

PO BOX 220 RIGBY, IDAHO 83442

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: JOSEPH REED TUCKER

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/02/2012 05:00  
CK: 1831 CT: 266575 BH: 1388867  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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