FILED EFFECTIVE

251

CERTIFICATE OF ORGANIZATION

2012 JUL 19 PM 2: 15

	LIMITED LIABILITY (Instructions on back	CIMILALIA
1.	The name of the limited liability cor	πpany- is: CRUSH, LLC
2.	The complete street and mailing ad 892 N. Woodstream Place, Eagle ID 836 (Street Address)	dresses of the initial designated office:
	(Mailing Address, if different than street address)	(a) Section (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
3.	The name and complete street address of the registered agent:	
	Arny Allsop (Name)	892 N Woodstream Place, Eagle ID 83616 (Street Address)
4.	The name and address of at least of company:	one member or manager of the limited liability
	Name	<u>Address</u>
	Amy Alisop	892 N Woodstream Place, Eagle ID 83616
	Kevin Quini	662 N Great Basin, Mendian ID 83842
5.	Mailing address for future correspo 892 N Woodstream Place, Eagle 1D 836	
6.	Future effective date of filing (option	nal):
pei Sig	nature of a manager, member of son. nature (May Ellips) ned Name: (Amy Elisop ()	Secretary of State use only

Signature

ourLorg_lic Rev. 07/2010

IDAHO SECRETARY OF STATE

67/19/2012 05:00

CK: 1068524 CT: 172099 RH: 1332661
1 8 100.00 = 100.00 ORGAN LLC # 2
1 8 20.00 = 20.00 EXPEDITE C # 3