CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) (Instructions on back of application) (Instructions on back of application) (Street Address) (Mailing Address, if different than street address) (Mailing Address, if different than street address of the registered agent:
2. The complete street and mailing addresses of the initial designated office: 6665 Hillside Dr. Idaho Falls, Idaho 83401 (Street Address) (Mailing Address, if different than street address)
2. The complete street and mailing addresses of the initial designated office: 6665 Hillside Dr. Idaho Falls, Idaho 83401 (Street Address) (Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Holly Faulkner 6665 Hillside Dr. Idaho Falls, Idaho 83401 (Name) (Street Address)
Name Address Holly Faulkner 6665 Hillside Dr. Idaho Falls, Idaho 83401
5. Mailing address for future correspondence (annual report notices): 6665 Hillside Dr. Idaho Falls, Idaho 83401
6. Future effective date of filing (optional):
Signature of a manager, member or authorized person.
Signature Olly AULGAD IDANO SECRETARY OF STATE Typed Name: Molly Faukner 06/16/2014 05:00 06/16/2014 05:00 CK:103 CT:296008 BH:142934 18 100.00 = 100.00 ORGAN LLC
SignatureW139031

9/21/2012