

FILED EFFECTIVE

2012 AUG -7 AM 11:48
SECRETARY OF STATE
STATE OF IDAHO**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

1. The name of the limited liability company is:

Teton Adz LLC

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

3060 Backhand Dr., Ammon ID 83406

(Street Address)

3270 E. 17th St. #150, Ammon ID 83406

(Mailing Address, if different than street address)

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

Angelina W. Farnes

(Name)

3060 Backhand Dr., Ammon ID 83406

(Street Address)

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

Name**Address**

Angelina W. Farnes

3060 Backhand Dr., Ammon ID 83406

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

3270 E. 17th St. #150 Ammon ID 83406

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Angelina W. Farnes

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/07/2012 05:00

CK: 1890462 CT: 172099 BH: 1335052

1 @ 100.00 = 100.00 ORGAN LLC # 4

1 @ 20.00 = 20.00 EXPEDITE C # 5

cen_org_llc Rev. 07/2010

W114219

Please expedite. Thank you for your terrific help! (great card form attached)