



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY -4 AM 8:10

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

W & M Yost LLC

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

490 Memorial Drive, 2nd Floor, Idaho Falls, ID 83402

(Street Address)

P.O. Box 51630, Idaho Falls, ID 83405

(Mailing Address, if different than street address)

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

Scott R. Hall

(Name)

490 Memorial Drive, 2nd Floor, Idaho Falls, ID 83402

(Street Address)

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

**Name**

**Address**

Scott R. Hall

P.O. Box 51630, Idaho Falls, ID 83405

Melba Yost

1288 21st Street, Idaho Falls, ID 83404

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

P.O. Box 51630, Idaho Falls, ID 83405

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Steven R. Parry, Organizer

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/04/2011 05:00  
CK: 53917 CT: 2034 BH: 1272192  
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