

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 FEB 19 AM 8:51

W. T.	(Instructions on back of application)		ZOIGI ED 13 AN O-01
1.			SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:  STA  Great Basin Restoration, LLC		STATE OF IDATIO
<b>o</b> -	The complete street and mailing addresses of the initial designated office:		
۷.	3634 N. 3100 E., Twin Falls, ID 83301		
	(Street Address)		
	Same as above (Mailing Address, if different than street address)		
3	The name and complete street address of the registered agent:		
٠.	The figure and demplote of our date	rode of the regioner	od agom.
	Bren E. Mollerup		e North, Twin Falls, ID 83301
	(Name)	(Street Address)	
4.	The name and address of at least o	ne member or mai	nager of the limited liability
	company:	mo mombor of ma	lagor of the inflited liability
	<u>Name</u>		<u>Address</u>
	Lance Bennett	3634 N. 3100 E., Ti	vin Falls, ID 83301
5. I	Mailing address for future correspor 3634 N. 3100 E., Twin Falls, ID 83301	ndence (annual rep	oort notices):
6. F	Future effective date of filing (option	nal):	
Sign perso	ature of a manager, member or on.	authorized	
	DE 4	_	Secretary of State use only
_	ature Someth Member		IDAHO SECRETARY OF STA
ıype	d Name: Lance Bennett - Member		02/19/2015 05:0
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ı ype	d Name:		1.11.10.010

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