



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 FEB 23 AM 9: 56

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

he complete street and mailing addresses	of the initial designated/principal office:
96 Chase St , Po	
Street Address)	
(Mailing Address, if different than street address)	
he name and complete street address of t	he registered agent:
Kate D Shelton	96 Chase St, Pocatello Id 83201
Name) (Street	Address)
ne name and address of at least one memory: Name	aber or manager of the limited liability Address
Kate D Shelton	96 Chase St, Pocatello Id 83201
ailing address for future correspondence	(annual report notices):
	ocatello Id 83201
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.t	April 1, 2009
uture effective date of filing (optional):	April 1, 2009
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