



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 APR -8 PM 2:23

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

RP & GS, LLC

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

960 Kelly Toponce Rd., Bancroft, ID 83217

(Street Address)

(Mailing Address, if different than street address)

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

Grant Simons

(Name)

960 Kelly Toponce Rd., Bancroft, ID 83217

(Street Address)

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

Name**Address**

Rondo Perkins

3124 Nipper Rd., Bancroft, ID 83217

Grant Simons

960 Kelly Toponce Rd., Bancroft, ID 83217

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

960 Kelly Toponce Rd., Bancroft, ID 83217

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Grant Simons

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008
 IDAHO SECRETARY OF STATE
 04/08/2010 05:00
 CK: NONE CT: 2105 DH: 1216046
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W922661