FILED EFFECTIVE

1
CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) SECRETARY OF SIME
1. The name of the limited liability company is:
2. The complete street and mailing addresses of the initial designated office:
1887 N OAK-Drook Jdaho Falls Jd 83401 (Street Address)
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
(Narrie) Bastar 700 Mepper Johno Falls Id (Narrie) (Street Address) 83401
 The name and address of at least one member or manager of the limited liability company: Name Address
Tyson Devicts 1887 NOHLbrook IFID 89401 Tony Bustar 700 Mepper IFID 83401
5. Mailing address for future correspondence (annual report notices): <u>1887 NOREbrook Talaho Falls 8340</u>
6. Future effective date of filing (optional):
Signature of a manager, member or authorized
Secretary of State use only
Signature Tyson Doniels. Typed Name: Tyson Doniels. IDAHO SECRETARY OF STATE
Signature ////////////////////////////////////
cert. org. lk: Rev. 07/2010

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