FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN -8 AM 11: 0

(Instructions on bac		n back of application	SECRETARY OF STATE STATE OF IDAHO	
1. The nam	e of the limited liabil	lity company is:	STATE OF IDAHU	
	son Operations LLC		}	
	plete street and mail 00 N, Shelley, ID 83274	ing addresses of the	initial designated office:	
(Street Add	(ess)			
(Mailing Add	lress, if different than street ac	idress)		
3. The name	The name and complete street address of the registered agent:			
Gregory (	C. Calder	2105 Coronado	Coronado Street, Idaho Falls, Idaho 83404	
(Name)	(Name)		(Street Address)	
Collin Per			Shelley, ID 83274	
	Idress for future corr 00 N, Shelley, ID 83274	espondence (annual	report notices):	
6. Future eff	ective date of filing (	optional): N/A		
Signature of person.	a manager, memb	er or authorized		
Signatura H	ndsey/M. Lofgran	ggan	Secretary of State use only	
Signature			IDANO SECRETARY OF STATE	
Typed Name:			01/08/2015 05:00	
			CK:2481890 CT:172099 BH:145	

9/21/2012

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