

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY -3 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Alli Enterprises, LLC

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

2192 Croft St., Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Corinna Blakely

(Name)

2192 Croft St., Idaho Falls, ID 83401

(Street Address)

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

Name**Address**

Corinna Blakely

2192 Croft St., Idaho Falls, ID 83401

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

2192 Croft St., Idaho Falls, ID 83401

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

Signature of a manager, member or authorized person.

Signature Corinna Blakely 4/28/11Typed Name: Corinna Blakely

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 05/03/2011 05:00
 CK: 3619 CT: 250420 BH: 1272030
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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