

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 FEB -2 AM 9: 59

(Instructions on back of application)

| | (11100000000000000000000000000000000000 | odok of application | SECRETARY OF STATE STATE OF IDAHO | |
|-----------------------|---|------------------------------|---|--|
| . The name | of the limited liability | company is: | STATE OF IDAHO | |
| X to the Z | LLC. | , - | | |
| • | lete street and mailing 0 E, Rigby, ID 83442 | g addresses of the | initial designated office: | |
| (Street Addre | 38) | | | |
| (Mailing Addr | ess, if different than street addre | 988) | | |
| . The name | and complete street a | address of the reg | stered agent: | |
| Sara Kelly | | 480 N 3950 E Rigby, ID 83442 | | |
| (Name) | · · · · · · · · · · · · · · · · · · · | (Street Address) | | |
| Sara Kelly | ······································ | 480 N 3950 E Rigby, ID 83442 | | |
| Cody Keliy | <u>Name</u> v Keliv 480 N 395 | | Address E Rigby, ID 83442 | |
| Sara Kelly | | 480 N 3950 E Rigby, ID 83442 | | |
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| | | | | |
| 5. Mailing ad | Idress for future corre | snondence (annua | I report notices): | |
| • | io E Rigby, ID 83442 | spondence (annue | report notices). | |
| | | | | |
| 6. Future eff | ective date of filing (or | ptional): | | |
| | | | | |
| _ | a manager, member | r or authorized | | |
| person. | // | | Secretary of State use only | |
| Signature 💪 | of the | · | | |
| yped Name: Cody Kelly | | | 10AHO SECRETARY OF STAT 02/02/2015 05:00 | |
| _ | _1. | | CK:1050 CT:305891 BH:14 | |
| Signature | Huly | | 10 100.00 = 100.00 ORGAN | |
| Typed Name: | Sara Kelly | | | |