

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.



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The name of the limited lia	bility company is:	STATE OF IDAHO
SRAB Holding Company,	-	_
t ebulani of redmems?)	e words "Limited Liability Company," "Limi	ited Company," or the abbreviations L.L.C., LLC, or LC)
the complete street and n 419 4th Avenue West, Tw	halling addresses of the principality	al Diffe is:
(Street Address)	m rans, 10 00001	
•	<u>-</u>	
(Mailing Address, if different)		
The name of the registere	d agent and the street address	of the registered agent:
Kenneth Rogers	419 4th Avenue West, Twin Falls, ID 83301	
(Name)	(Address cannot be a post of	
	at least one governor of the lim	
Kenneth Rogers	419 4th Avenue West, Twin Falls, ID 83301	
(Maux)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
(Neme)	(Address)	
Mailing address for future	correspondence (annual report	notices):
419 4th Avenue West, Tw		•
(Address)		The state of the s
nature of organizer(s).		Secretary of State use only
nature: 1 Countetts. D	Locers	•
ted Name: Kenneth Rogers	3	
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00/03/2010 02:00

CK: 3933010 CT: 172099 BH: 1532562 16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

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Printed Name: -

Nev. 110016