CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2009 APR -6 PH 1:39

- H-3	(matructions on back of	application	CONTRIN O THE FORD
1. 1	The name of the limited liability compa	any is:	SECRETARY OF STATE STATE OF IDAHO
2. 1	The complete street and mailing addre	esses of the initial desi	gnated/principal office:
		W, Blackfoot, ID 63221	
	(Street Address)		
	(Mailing Address, if different than street address)		
3. 1	The name and complete street addres	s of the registered age	ent:
	Laramie R. Blngham		Blackfoot, ID 83221
	(Name)	(Street Address)	
	The name and address of at least one company:		
	Name		dress
	Larmale R. Bingham	אי טעסו אי פעס	Blackfoot, ID 83221
	Heather Bingham	505 N 1500 W, Blackfoot, ID 83221	
		·	
	•	÷	1
5. N	Mailing address for future corresponde	ence /ennuel renort no	tines):
J. 1	•	W, Blackfoot, ID 83221	lices/.
		:	
6. F	future effective date of filing (optional));	
	•		
_	ature of organizer(s). (An organizer is a m	ember, or is	
acting	in behalf of a member or members).		Secretary of State use only
Signa	ature James & Bod	95.7	
-	d Name: Laramie R. Bingham	5	
- y p		200	IDAHO SECRETARY OF STATE
Signa	machine the tente	7	CX: 221716 CT: 172899 BH: 116466
_	d Name: Heather Bingham	Service Servic	DVOM FILL I
- I		decoj	W82910
			Woodu