

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

09 SEP 14 AM 9: 12

(Instructions on back of application)

OF Comme		
SECRETARY	0F	STATE

1. The name of the limited liability company is: STATE OF IDAHO"

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The complete street and mailing	addresses of the initial design	nated/principal office:	
1920 E 17th St	reet, Suite 201, Idaho Falls, Idaho 8	3404	
(Street Address)			
(Mailing Address, if different than street address	98)		
The name and complete street a	ddress of the registered agen	t	
Mark D. Christensen	3875 N. Pine Needle Cir. I	daho Falis, Idaho 83404	
(Name)	(Street Address)	(Street Address)	
The name and address of at least company:	st one member or manager of	the limited liability	
Name		Address	
Mark D. Christensen	3875 N. Pine Needle Cir. I	3875 N. Pine Needle Cir. Idaho Falls, Idaho 83404	
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Mailing address for future corres	nondones (annual report notic	vac):	
	920 E 1740 St. Ste 201		
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Future effective date of filing (op	tional):		
nature of organizer(s). (An organize	r is a member, or is		
ng in behalf of a member or members).	8	scretary of State use only	
nature March D. Church		ter arm's at severa man dries	
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ped Name: Mark D. Christe		%	
·	I E B	THE PERSON OF STATE	
nature(<u>)</u>	VormsVLLC forms	IMAN SECRETARY OF STATE	

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