

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN-6 AM 10:13

1.	The name of the limited liability con	npany is: STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated/principal office: 122 N 4700 E Rigby , Idaho 83442		
	(Street Address)		_ _
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Lee Barnes	11423 E Ririe Hwy Idaho Falls , Idaho 83401	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name.	Address	
	Lee Barnes	11423 E Ririe Hwy Idaho Falls , Idaho 83401	
			_
			_
 Mailing address for future correspondence (annual report notices): 122 N 4700 E Rigby , Idaho 83442 			
6.	Future effective date of filing (option	nal):	
	nature of a manager, member or son.	authorized	
	D C	Secretary of State use only	
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Тур	ped Name: Lee Barnes		
Sig	nature	anaun mannasau ne Ai	
_	ped Name:	109HU SECKETHRY UP 5 96/96/2011 9	IRIE 5 = 00 1276948

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