



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC 29 PM 12: 56

1. The name of the limited liability company is:

L T Stevens, LLC

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated/principal office:

2121 Kilborn Ln, Mesa ID 83645

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Gregory N. Swanson

(Name)

1906 S Vista Ave - Suite A, Boise, ID 83705

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Leland Stevens

2121 Kilborn Ln, Mesa, ID 83643

5. Mailing address for future correspondence (annual report notices):

2121 Kilborn Ln, Mesa, ID 83643

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members.)

Signature

Typed Name: Leland Stevens

Signature

Typed Name: _____

Secretary of State use only

Stamp LLC Form 100, 09-10-08
Revised 07/2008

IDaho SECRETARY OF STATE
12/29/2008 05:00
CK: CASH CT: 232622 BH: 1149960
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