

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUN -4 AM 8: 27

	LIMITED LIABILI	, i comi Aiti	- 0014 4 HIJ 0- 21
W.	(Instructions on back of application)  The name of the limited liability company is:		SECRETARY OF STATE
1			STATE OF IDAHO
	BLUESAIL LLC		
2.	The complete street and mailing ac	dresses of the initial desig	nated/principal office:
	250 WEST 200 NOR		
	(Street Address) BLACKFOOT, 1D 83	3221	<u> </u>
	(Malling Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	JOHN G KIE	250 WEST 200 NORT	H, BLKKFOOT, 10 83221
	(Name)	(Street Address)	*
4.	The name and address of at least o company:	one member or manager o	f the limited liability
	Name		ress
	JOHN G. KIE	250 WEST 200 NORT	th, Blackfoot, 10 83221
;			
		1 ·	Application of the second
_		odones (annual raport poti	nee):
5.	Mailing address for future correspor		D 83221
	250 WEST 200 NORTH	1, 00(0,100.)	
6.	Future effective date of filing (option	nal):	
_	nature of organizer(s). (An organizer is a		
actin	g in behalf of a member or members).	, I -	ecretary of State use only
Sigr	nature Sohn G. Kee		
Тур	ed Name: JOHN G. KIE		
		forms/v 2002	IDAHO SECRETARY OF STATE
Sign	ature	Ottoms/LLC forms/ce Revised 07/2008	06/04/2010 05:00 K: 3843 CT: 248615 BH: 1225291
Туре	ed Name:	Patom Revis	# 100.80 = 100.80 ORGAN LLC #

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