



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 NOV 14 AM 9:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Starla Ogden, LLC

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

6443 East Iona Road, Idaho Falls 83401

(Street Address)

(Mailing Address, if different than street address)

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

Starla Ogden

(Name)

6443 East Iona Road, Idaho Falls 83401

(Street Address)

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

Name

Address

Starla Ogden

6443 East Iona Road, Idaho Falls 83401

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

Starla Ogden, 6443 East Iona Road, Idaho Falls 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Starla Ogden

Typed Name: Starla Ogden

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/14/2011 05:00
CK: 98478 CT: 78355 BH: 1297988
1 @ 100.00 = 100.00 ORGAN LLC # 2

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