

Signature_ Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 APR 10 AMII: 51

(Instructions on back of application)

1.	The name of the limited liability comp	oany is:	S	SECRETARY OF STATE STATE OF IDAHO	
	B. RO	BERTS R & F	RLLC	- OF IDAHO	
2.	The complete street address, and mailing address if different, of the initial designated/principal office:				
	482 W	800 N Paul, ID	83347		
3.	The name of the commercial registere address of the non-commercial regist		the name and co	omplete street	
	National Registered Agents, Inc. 1	1423 Tyrell Lar	ne Boise, ID 83706 (County of Ada	
4.	. The name and address of at least one member or manager of the limited liability company:				
	Name		Address		
	Blaine Roberts	482 W 800 N Paul, ID 83347		ID 83347	
5	Mailing address for future correspond	lence (annu	al report notices)	!	
٠.	c/o: 482 W 800 N Paul, ID 83347				
6.	6. Future effective date of filing (optional):				
O'					
	nature of an organizer(s). (An organizer i s acting in behalf of a required, and existing, in				
or members) Secretary of State use only					
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_	nature Karmelia Fredrick, Legalzoom.	com Inc	Cent_oil		
ı y	ped Name: Karmelia Fredrick, Legalzoom.		72008	IDAHO SECRETARY OF STATE 4/10/2009 05:00	

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