

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JAN 20 AM 8: 24

(Instructions on back of application)

SECRE BY OF STATE OF IDAHO

1.	The name of the limited liability cor	mpany is:
	137	/93 N. DEKAY, L.L.C.
2.	The complete street and mailing ad 4225 N 5 West, Idaho Falls, Idaho 83401	dresses of the initial designated/principal office:
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	David B. Cutler	4225 N 5 West, Idaho Falls, Idaho 83401
	(Name)	(Street Address)
4.	The name and address of at least of company:  Name	one member or manager of the limited liability  Address
	Cutler Living Trust	4225 N 5 West, Idaho Falls, Idaho 83401
	· · · · · · · · · · · · · · · · · · ·	
5.	Mailing address for future correspondance No. 5 West, Idaho Falls, Idaho 83401	
6.	Future effective date of filing (option	nal):
_	nature of a manager, member or son.	authorized
DEI	SUII.	Secretary of State use only
	ped Name: David B. Cutler, Trustee	<del></del>
Sig	inature Mille B Cuth	

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Typed Name: Michele B. Cutler, Trustee

IDAHO SECRETARY OF STATE 01/20/2011 05:00 CK: 53374 CT: 2034 BH: 1256145 1 9 108.00 = 188.00 ORGAN LLC # 3

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