

Signature _____ Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

09 JUL 31 PM 2: 19

(111011101101101101101101101101101101101	or approximation	
1. The name of the limited liability co	ompany is: SECRETARY OF STATE OF ID	F STAT
Orion Holdings, LLC		
The complete street address, and principal office:	mailing address if different, of the initial designate	∍d/
618 N. Pioneer Oak Road, Salt Lake Cit	ity, UT 84108	_
The name of the commercial regist address of the non-commercial reg	stered agent; or the name and complete street gistered agent:	
Idaho Service Company, 101 S. Capitol	l Blvd., 10th Floor, Boise, ID 83702	_
company:	one member or manager of the limited liability	
<u>Name</u>	Address	
Donald Newell	618 N. Pioneer Oak Road, Salt Lake City, UT 84108	
		_
		_
5. Mailing address for future correspo	ondence (annual report notices):	
618 N. Pioneer Oak Road, Salt Lake Cit	•	
6. Future effective date of filing (option	onal):	
Signature of an organizer(s). (An organizer is acting in behalf of a required, and existing		
or members).	Secretary of State use only	
// W/5		
Signature Company		
Typed Name: Robert B. Burns	IDAHO SECRETARY OF	FSTATE

IDAHO SECRETARY OF STATE 67/31/2009 05:00 CK: HONE CT: 1117 2H: 1181145 1 0 180.00 = 100.00 ORBAN LLC \$ 2 1 0 20.00 = 20.00 EXPEDITE C \$ 3

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