

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 11 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

INNERGY DEVELOPMENT, LLC

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

4009 N. 5th EAST

(Street Address)

IDAHO FALLS, IDAHO 83401

(Mailing Address, if different than street address)

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

TIM JENKINS

(Name)

4009 N. 5th EAST, IDAHO FALLS, IDAHO 83401

(Street Address)

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

Name**Address**

TIM JENKINS

4009 N. 5th EAST, IDAHO FALLS, IDAHO 83401

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

4009 N. 5th EAST, IDAHO FALLS, IDAHO 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature TIM JENKINSTyped Name: TIM JENKINS

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/11/2011 05:00
CK: 5810 CT: 261448 BH: 1286879
1 @ 100.00 = 100.00 ORGAN LLC # 2

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