LIMITED LIABILI (Instructions on back 1. The name of the limited liability con Commercial Satellite LLC	A of application) SECRETARY OF STATE STATE OF IDAHO mpany is: Idresses of the initial designated office:
(Mailing Address, if different than street address) 3. The name and complete street add Caleb Hansen	ress of the registered agent: 3163 E Fairview Ave. #150 Meridian ID 83642
(Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: <u>Name</u> <u>Address</u> Caleb Hansen 3163 E Fairview Ave. # 150 Meridian ID 83642	
Blake Summers	3163 E Fairview Ave. # 150 Meridian ID 83642
3163 E Fairview Ave. #150 Meridian ID 83642 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Signature Typed Name: CK: Hansen Typed Name: Typed Name: Typed Name: Typed Name: Signature IDAH0 IDAH0 <tr< td=""></tr<>	
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