



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN -5 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SSTS LLC

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

1090 N 17E

(Street Address)

Mountain Home Idaho 83647

(Mailing Address, if different than street address)

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

Stephen Shockey

(Name)

1090 N 17E MTN Home ID

(Street Address)

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

Stephen Shockey

Name

1090 N 17E MTN Home ID 83647

Address

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

1090 N 17E Mountain Home Idaho 83647

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Stephen Shockey

Typed Name:

Stephen Shockey

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
01/05/2011 05:00
CK: 1003 CT: 254040 BH: 1253858
1 @ 100.00 = 100.00 ORGAN LLC # 2

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