



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUL -2 AM 9:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALEXANDER ENTERPRISES, LLC

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

1724 DISTRICT 2 ROAD, BONNERS FERRY, ID 83805

(Street Address)

PO BOX 1754, BONNERS FERRY, ID 83805

(Mailing Address, if different than street address)

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

SHANDEE ALEXANDER

(Name)

1724 DISTRICT 2 ROAD, BONNERS FERRY, ID 83805

(Street Address)

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

Name

Address

SHANDEE ALEXANDER

1724 DISTRICT 2 RD, BONNERS FERRY, ID 83805

JASON ALEXANDER

1724 DISTRICT 2 RD, BONNERS FERRY, ID 83805

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

PO BOX 1754, BONNERS FERRY, ID 83805

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

Signature of a manager, member or authorized person.

Signature

Typed Name: SHANDEE ALEXANDER

Signature

Typed Name: _____

Secretary of State use only

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07/02/2012 05:00
CK: 1603 CT: 272015 BH: 1330560
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