

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

EFFECTIVE

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Orman -

	(Instructions on bac	ck of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability co	ompany is:	STATE OF IDAHO
	S	TRATOS GROUP, LLC	·
2.	The complete street and mailing a	ddresses of the initial design	nated/principal office:
	(Street Address) P.O. BOX 757 RIGBY, ID 83442 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	JEFF ROBBINS	4029 RULON AMMON, ID 83	406
	(Name)	(Street Address)	
4.	The name and address of at least company:	one member or manager of	the limited liability
	<u>Name</u>	Address	
	JEFF ROBBINS	4029 RULON AMMON, ID 83406	
	RON ANDERTON	733 BARNWOOD DR AMMON, ID 83406	
	MELANIE TAYLOR	4066 E. 169 N RIGBY, ID 83442	
5.	Mailing address for future correspondence (annual report notices):		
	PO BOX 757 RIGBY, ID 83442		
6.	Future effective date of filing (opti	onal):	<u> </u>
	nature of a manager, member son.		
		s	ecretary of State use only
	ped Name: RON ANDERTON		
Sig	nature Melane Taylor MELANIE TAYLOR	low ck	IDAHO SECRETARY OF STATE LØ/28/2011 05:00 ; 2631 CT: 171497 BH: 1296062 180.80 = 180.80 ORGAN LLC # 2

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