



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 MAR -2 AM 10:09**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Matt Pond Survivor LLC

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

224 Seagull Dr  
(Street Address)

Pexburg, ID 83440  
(Mailing Address, if different than street address)

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

Matt Pond  
(Name)

224 Seagull Dr Pexburg ID 83440  
(Street Address)

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

Kriss Pond  
Name

224 Seagull Dr. Pexburg ID 83440  
Address

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

224 Seagull Dr. Pexburg ID 83440

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Matt Pond  
Typed Name: MATT POND

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**03/02/2015 05:00**

CK:1445 CT:307147 BH:1464280

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