



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2015 MAR-2 AM 10:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Matt Pond Survivor L.L.C

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

224 Seagull Dr

(Street Address)

Rexburg, 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 Rexburg ID 83440

(Street Address)

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

Kris Pond

Name

Address

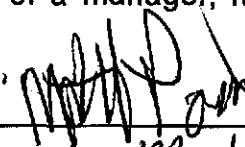
224 Seagull Dr. Rexburg ID 83440

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

224 Seagull Dr. Rexburg ID 83440

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

Signature of a manager, member or authorized person.

Signature 

Typed Name: Matt Pond

Signature _____

Typed Name: _____

Secretary of State use only

IDAMO SECRETARY OF STATE

03/02/2015 05:00

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