

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2012 DEC -7 AM 8: 54

	(Instructions on back	of applicatio	
1.	The name of the limited liability com	npany is:	SECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated office:  2131 N. Deborah Dr. Suite 100, Idaho Falls, ID 83401  (Street Address) PO Box 50922, Idaho Falls, ID 83405  (Mailing Address, if different than street address)		
3.	3. The name and complete street address of the registered agent:		
	Mark J. Radford (Name)	2131 N. Debo	orah Dr. Suite 100, Idaho Falls, ID 83401
The name and address of at least one member or manager of the limited liab company:			r manager of the limited liability
	<u>Name</u> Mark J. Radford	Address PO Box 50922, Idaho Falls, ID 83405	
5. Mailing address for future correspondence (annual report notices): PO Box 50922, Idaho Falls, ID 83405			
6. Future effective date of filing (optional):			
Sign	nature of a manager, member or son.	authorized	
Signature Secretary of State use only			
Typed Name: Mark J. Radford			
Sigr	nature		IDAHO SECRETARY OF STATE 12/07/2012 05:00

CK: 4050 CT: 214046 BH: 1350414 1 @ 100.00 = 100.00 ORGAN LLC # 2

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