## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIV

(Instructions on back of application) 2015 APR 16 PM 2: 20

<u> </u>	(instructions on back	or application	2 20	
1. The name of ALCS, ELC	the limited liability com	epany is:	SECHETARY OF STATE STATE OF IDAHO	
*	e street and mailing add		initial designated office:	
	30, Idaho Falls, Idaho 83405 if different than street address)	5		
3. The name ar	nd complete street addre	ess of the regi	stered agent:	
Dean J. Parke (Name)	er	1000 Riverwalk Drive, Idaho Falls, Idaho 83402 (Street Address)		
company:	<u>Name</u>		Manager of the limited liability  Address	
Dean J. Parke	Dean J. Parker 1000 Riverwalk Drive, Ida		CDrive, Idaho Falls, Idaho 83402	
		<del></del>		
<del></del>				
5 Mailing addre	ess for future correspon	dence (annua	report notices):	
			Idaho Falls ID 83405	
6. Future effect	ive date of filing (option	al):		
Signature of a	manager, member or		,	
person.	manager, member or	authorized		
Signature	Dorloth		Secretary of State use only	
Typed Name: D	ean J. Parker		Thirty december of on the	
Cianatura			10AHO SECRETARY OF STAT 04/16/2015 05:00	
Signature Typed Name:			CK:PREPAID CT:12945 BH:1 1@ 100.00 = 100.00 ORGAN	
			16 20.00 = 20.00 EXPEDIT	

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9/21/2012

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