## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2015 MAY 26 AM O.

|  | ADILIT I COMI AILT                    | TOTOTIA ZO AM                             |
|--|---------------------------------------|---|
| (Instructions  | s on back of application)             | SECRETARY OF S<br>STATE OF IDAR           |
| 1. The name of the limited lia   | ability company is:                   | STATE OF IDAT                             |
| Bipeck Assets LC   |                                       |   |
| <ol> <li>The complete street and m<br/>416 East Oneida Preston, ID 8</li> </ol>        | nailing addresses of the initial desi | gnated office:                            |
| (Street Address) PO Box 104 Preston, ID 8326; (Mailing Address, if different than stre |                                       |   |
|  | treet address of the registered age   | ent:                                      |
| Virginia Flippence   | 416 East Oneida Preston, I            | D 83263                                   |
| (Name)   | (Street Address)                      |   |
| company:   | at least one member or manager        | •   |
| <u>Nате</u><br>Scott Flippence   | 140 E 500 N Mendon, UT 8              | <u>Idress</u><br>34325                    |
| Trevor Shuman  | 4682 Chateau Chubbuck, I              | D 83202                                   |
|  |                                       |   |
|  |                                       |   |
|  |                                       |   |
|  | correspondence (annual report no      | tices):                                   |
| PO Box 104 Preston, ID 83263   | 3                                     |   |
| 5. Future effective date of filir  | ng (optional):                        |   |
|  |                                       |   |
| ignature of a manager, me  | ember or authorized                   |   |
| erson.   |                                       | Secretary of State use only               |
| ignature   |                                       | ,   |
| yped Name: Scott L Flippence   |                                       | 1DAHO SECRETARY OF STATE 05/26/2015 05:01 |
|  |                                       | 2858 CT:251935 BH:14                      |
| Signature  |                                       | 0.00 = 100.00 ORGAN                       |

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Typed Name: \_