



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

10 OCT -5 AM 8:10

(Instructions on back of application)

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

The Layman LLC.

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

350 Grandview Dr. Trlr. E Twin Falls, Idaho 83301

(Street Address)

350 Grandview Dr. Trlr. E Twin Falls, Idaho 83301

(Mailing Address, if different than street address)

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

Mark Quaintance

(Name)

350 Grandview Dr. Trlr. E Twin Falls, Idaho 83301

(Street Address)

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

Name

Mark Quaintance

Address

350 Grandview Dr. Trlr. E Twin Falls, Idaho 83301

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

350 Grandview Dr. Trlr. E Twin Falls, Idaho

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

Signature of a manager, member or authorized person.

Signature Mark Quaintance

Typed Name: Mark Quaintance

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
10/05/2010 05:00
CK: 1938 CT: 251785 BH: 1241774
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