

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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(matruotions on back o	" approalion)
1. The name of the limited liability comp	SECRETARY OF STA
	. SIMIL OF IDAMO
PEN	CIL CADDY L.L.C.
	resses of the initial designated/principal office:
(Street Address)	E RD CALDVELL, ID 63007
P.O. BOX 45	55 MIDDLETON, ID 83644
(Mailing Address, if different than street address)	
3. The name and complete street address	ss of the registered agent:
STEVE P. GODSILL	15824 GUNFIRE RD
(Name)	(Street Address)
4. The name and address of at least one	e member or manager of the limited liability
company:	
<u>Name</u>	Addreas
STEVE P. GODSILL	15824 GUNFIRE RD
5. Mailing address for future correspond	ence (annual report notices):
P.O. BOX 48	55 MIDDLETON, ID 83644
6. Future effective date of filing (optional	l):
	•
Signature of organizer(s). (An organizer is a m	nambar arie
acting in behalf of a member or members)	nember, or is
	Secretary of State use only
Signature John	India
Typed Name: STEVE P. GODSILL	
Typod Harris,	IPAHO SECRETARY OF STATE
Simo ahuna	IDAHO SECRETARY OF STATE  10/20/2009 05 a 0  CX: CASH CT: 241547 BH: 1191  1 0 190.80 = 188.80 ORGAN LL
Signature	1 0 188.80 = 188.80 ORGAN LL
Typed Name:	Royal