

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY

AUG -3 AM 9:27

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Master Enterprises LLC

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

126 North Center Street, Rexburg, ID 83440

(Street Address)

" "

(Mailing Address, if different than street address)

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

Carissa D. Lewis

(Name)

126 North Center Street, Rexburg, ID 83440

(Street Address)

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

Name

Address

(90%) Carissa D. Lewis

126 North Center Street, Rexburg, ID 83440

(10%) Rodney M. Ticken

4141 East 132 North, Rigby ID 83442

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

126 North Center Street, Rexburg, ID 83440

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Carissa D. Lewis

Typed Name: Carissa D. Lewis

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/03/2011 05:00
CK: 189 CT: 261214 BH: 1285027
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