



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN -3 PM 12:19

CLERK OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Vikings, LLC

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

5676 North Dalspring Avenue, Boise, Idaho 83713

(Street Address)

(Mailing Address, if different than street address)

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

Michael P. Klingner

(Name)

5676 North Dalspring Avenue, Boise, Idaho 83713

(Street Address)

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

Name

Address

Michael P. Klingner

5676 North Dalspring Avenue, Boise, Idaho 83713

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

5676 North Dalspring Avenue, Boise, Idaho 83713

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

Signature of a manager, member or authorized person.

Signature Michael P. Klingner

Typed Name: Michael P. Klingner

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/03/2011 05:00
CK: 7435 CT: 88795 BH: 1253337
1 @ 100.00 = 100.00 ORGAN LLC # 2

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