

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application) 2013 APR 29 AM 9: 29

1.	The name of the limited liability com	npany is: SECONDARIO
2.	. The complete street and mailing addresses of the initial designated office: 215 Monroe Street, Blackfoot, ID 83221	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Mark V. Cornelison	36 East River Rd, Blackfoot, ID 83221
	(Name)	(Street Address)
The name and address of at least one member or manager of the I company:     Name     Address		
	Anthony B. Christiansen	215 Monroe St., Blackfoot, ID 83221
	Mark V. Cornelison	36 East River Rd, Blackfoot, ID 83221
	Mike Katseanes	2031 Highland Dr., Blackfoot, ID 83221
		A district of the second of th
<ol> <li>Mailing address for future correspondence (annual report notices):</li> <li>36 East River Road, Blackfoot, ID 83221</li> </ol>		ndence (annual report notices):
	Co Edst 11701 Floud, Blackloot, 15 COLE.	
6. Future effective date of filing (optional):		
Signature of a manager, member or authorized person.		
pei		Secretary of State use only
Sig	nature	2
Tyl	ped Name: Anthony B. Christiansen	
	pnatureMark V. Cornelison	IDAHO SECRETARY OF STATE  @4/29/2013 @5:00  CK: 1026 CT: 244539 BH: 1371651  1 8 100.00 = 100.00 ORGAN LLC # 2
' y	Journame,	

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