

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC 20 AM 8: 36

SECRETARIOTIC STATE

1.	The name of the limited liability cor	mpany is: STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office: 3048 North 3800 East, Hansen, Idaho 83334 (Street Address) 933 South 1200 East, Eden, Idaho 83325 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	William Joseph Elser IV	933 South 1200 East, Eden, ID 83325	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	William Joseph Elser IV	933 South 1200 East, Eden, ID 83325	
	Laurel Marie Elser	933 South 1200 East, Eden, ID 83325	
5.	Mailing address for future correspondence (annual report notices): 933 South 1200 East, Eden, ID 83325		
6.	6. Future effective date of filing (optional):		
per	nature of a manager, member or son.	authorized Secretary of State use only	
_	nature / / / F/s		
ıyp	ped Name: ///// J- K/S		

IDAHO SECRETARY OF STATE

12/20/2012 05:00

CK: 1249 CT: 277427 BH: 1352288
1 2 100.00 = 100.00 ORGAN LLC # 2

Signature

Typed Name: /aure