

Rev. 11/2015

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

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## FILED EFFECTIVE 2016 APR 28 AM 9: 07

| Complete and submit the application in <u>duplicate</u> . |   | SECRETARY OF STATE<br>STATE OF IDAHO                   |  |
|---|---|--|--|
| The name of the limited liab                              | THE OF IDARIO                           |  |  |
| KGrubham LLC  |   |  |  |
| (Remember to include the                                  | words "Limited Liability Company." "Lim | ited Company." or the embreviations L.L.C. LLC. or LC. |  |
| The complete street and ma                                | illing addresses of the princip         | al office is:  |  |
| 333 Koshney Rd St. Maries                                 |   |  |  |
| (Street Address)  | <del></del>                             | <del></del>  |  |
| Mailing Address, it different)                            |   |  |  |
| The name of the registered                                | agent and street address of t           | he registered agent:                                   |  |
| Kyle M. Grubham   | 333 Koshney Rd St. Maries Id 83861      |  |  |
| "EVEC"  | (Address <b>cannot be a</b> post c      | rice box or postal mail box)                           |  |
| The name and address of of                                | tlogot one governor of the live         | sited liability company                                |  |
| Kyle M. Grubham   | t least one governor of the lim         | • •  |  |
| (Vacte)   | (Acciess)                               | t. Maries Idaho 83861                                  |  |
|   | UMDURUNE)                               |  |  |
|   | ·                                       |  |  |
| dilane)   | (Adaress)                               | ·- ·   |  |
|   |   |  |  |
|   | :Address)                               |  |  |
|   |   |  |  |
| (विश्वासक)  | (Aduress)                               |  |  |
| Mailima addus - c 5- c 5 to                               |   |  |  |
| 333 Koshney Rd St Maries                                  | orrespondence (annual report            | notices):  |  |
| (Address)   | iualiu 0000 l                           |  |  |
|   |   |  |  |
| ature of organizer(s).                                    | <b></b>                                 |  |  |
| ature: MacLifu  | Well-                                   | Secretary of State use only                            |  |
|   |   | 1DAHO SECRETARY OF STATE 04/28/2016 05:00              |  |
| ed Name: Kyle M. Grubham                                  |   | CK:653 CT:186705 BH:1525766                            |  |
|   |   | 10 100.00 = 100.00 ORGAN LLC #                         |  |
| ature:  |   |  |  |
| ad Managar  |   | 1511 - 00-   |  |
| ed Name:  |   | W165885  |  |