



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 FEB 27 AM 9:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BT FELT LLC

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

14068 N 175 E

(Street Address)

Ririe ID 83443

(Mailing Address, if different than street address)

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

Brian Felt

(Name)

14068 N 175 E, Ririe ID 83443

(Street Address)

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

Name

Address

Brian Felt

14068 N 175 E, Ririe ID 83443

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

14068 N 175 E, Ririe ID 83443

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Brian Felt

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/27/2012 05:00
CK: 914694 CT: 172099 BH: 1312211
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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