

FILED EFFECTIVE

251

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2011 JUN -6 PM 3:46
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

INTEGRICELL, LLC

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

325 SUNTERRA DR., IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

AARON TURNER

(Name)

325 SUNTERRA DR., IDAHO FALLS, ID 83404

(Street Address)

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

NameAddress

AARON TURNER

325 SUNTERRA DR., IDAHO FALLS, ID 83404

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

325 SUNTERRA DR., IDAHO FALLS, ID 83404

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

Signature of a manager, member or authorized person.

Signature 

Typed Name: AARON R TURNER

Secretary of State use only

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
06/07/2011 05:00
CK: 697831 CT: 172099 BH: 1277094
1 E 100.00 = 100.00 ORGAN LLC # 2
1 E 20.00 = 20.00 EXPEDITE C # 3

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