

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 AUG 11 AM 8: 47

FILED EFFECTIVE

WE !!	(Instructions on back	ck of application)	SECRETARY OF THE
1	The name of the limited liability or	ompany is:	SECRETARY OF STATE STATE OF IDAHO
1.	The hame of the little maching of	AKRE & SONS LLC	TO TONITU
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۷.	The complete street and mailing addresses of the initial designated/principal office: 4205 S. 3300 W. Rexburg, ID 83440		
	(Street Address)	· · · · · · · · · · · · · · · · · · ·	
	PO Box 388 Rexburg, ID 83440		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Bruce Akre	4205 S. 3300 W. Rex	dourg. ID 83440
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability		
	company:		
	Name	Address	
	Bruce Akre	PO Box 388 Rexburg, ID 83440	
	•		
5.	Mailing address for future correspondence (annual report notices):		
	PO Box 388 Rexburg, ID 83440		
6.	Future effective date of filing (optional):		
Sig	nature of a manager, member	or authorized	
pers	son.		Secretary of State use only
0:	some Acre		
	nature Price Akre		
ıур	ed Name: Bruce Akre		IDAHO SECRETARY OF STATE
۸.			08/11/2010 UD: UU CV. 1896 CT. 258317 BH: 1234328
Sigr	nature		1 0 100.00 = 100.00 ORGAN LLC # 2

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Typed Name: