



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2009 MAY 20 PM 1:13  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

OSPREY, L.L.C.

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

163 4TH AVE N, TWIN FALLS, ID 83301

(Street Address)

PO BOX 486, TWIN FALLS, ID 83303-0486

(Mailing Address, if different than street address)

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

R TODD BLASS

(Name)

163 4TH AVE N, TWIN FALLS, ID 83301

(Street Address)

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

**Name**

**Address**

BLASS, INC.

PO BOX 486, TWIN FALLS, ID 83303-0486

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

PO BOX 486, TWIN FALLS, ID 83303-0486

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

GARY D. SLETTE

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
05/20/2009 05:00  
CK: 1843 CT: 79389 BH: 1171300  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 84083