



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG -8 AM 11:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BARBOSA LLC

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

(Street Address)

24354 FARGO RD PARMA IDAHO 83660

(Mailing Address, if different than street address)

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

jerrad barbosa

(Name)

24354 fargo rd parma id 83660

(Street Address)

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

Name

Address

jerrad barbosa

24354 fargo rd parma idaho 83660

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

24354 fargo rd parma idaho 83660

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: jerrad barbosa

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/08/2008 05:00
CK: CASH CT: 228666 BH: 1130918
1 @ 100.00 = 100.00 ORGAN LLC # 2

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