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FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 APR 17 AM 10:59

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Faulkner and Johnson LLC

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

6665 Hillside Drive, Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

Casey Faulkner

(Name)

6665 Hillside Dr., Idaho Falls, Idaho 83401 (County of Bonneville)

(Street Address)

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

Name

Address

Casey Faulkner

6665 Hillside Drive, Idaho Falls, Idaho 83401

Spencer Johnson

6665 Hillside Drive, Idaho Falls, Idaho 83401

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

c/o Faulkner and Johnson LLC, 6665 Hillside Drive, Idaho Falls, Idaho 83401

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Karla Figueroa, Assistant Secretary,
LegalZoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
04/17/2013 05:00
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