FILED EFFECTIVE

	CERTIFICATE OI		×7.
(Instructions on b		back of application)	STATE THE
1. 1	The name of the limited liability	company is:	"S OF BASTAN
	IDAHO iTech, LLC	. ,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	The complete street and mailing 1110 Call Creek Drive, Suite 7 Pocat (Street Address)		itial designated office:
	(Mailing Address, if different than street addre	ess)	n
3. 1	The name and complete street address of the registered agent:		
	BECKY PIERCE	1110 Call Creek	Drive, Suite 7 Pocatello Idaho 83201
	(Name)	(Street Address)	
	The name and address of at lea company: <u>Name</u> BECKY PIERCE		nanager of the limited liability <u>Address</u> Drive, Suite 7 Pocatello Idaho 83201
5. N	Mailing address for future corres 1110 Call Creek Drive, Suite 7 Poca		report notices):
6. I	Future effective date of filing (or	ptional):	
Sign pers	nature of a manager, membe on.	r or authorized	
Sian	ature <u>Blck Pluce</u> ed Name: <u>BECKOPIERCE</u>		Secretary of State use only
	ed Name:		10AHO SECRETARY OF STATE 12/24/2012 05:00 CK: 3400 C7: 171497 BH: 1352691 1 0 100.00 = 100.00 Organ LLC # 2
			LZ/24/2012 05:00 CK: 3400 C7: 171497 RN: 135201