

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN 26 PM 3: 39

SECRETARY OF STATE

1. The name of the limited liability con	mpany is:
Eagle Rock Alkido LLC	
2. The complete street and mailing addresses of the initial designated office: 4170 Morning Mist Dr	
(Street Address) Ammon, ID 83406 (Mailing Address, if different than street address)	
3. The name and complete street add	ress of the registered agent:
Lisa Snarr (Name)	381 Shoup Ave, Ste 201, Idaho Falls, ID 83402 (Street Address)
4. The name and address of at least one member or manager of the limited liability company:	
<u>Name</u>	<u>Address</u>
Brandon Cole	4170 Morning Mist Dr, Ammon, ID 83406
5. Mailing address for future correspondence (annual report notices):  4170 Moming Mist Dr, Ammon, ID 83406	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
Signature	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE
Typed Name:	

W126700