CERTIFICATE OF OR	-		
(Instructions on back of a	pplication)	10 JAN 21	
1. The name of the limited liability compar	ıy is:	SECRETARY STATE OF	OF STATE
• •			UAAU
2. The complete street and mailing addres 3821 S 3300 V	ses of the initial desi V REXBURG ID 83440	gnated/principal offi	ce:
(Street Address)			
(Mailing Address, if different than street address)			
3. The name and complete street address	of the registered age	ent:	
CHAD A CAMPOS	591 PARK AVE STE 30	3 IDAHO FALLS ID 834	02
(Name) (Si	treet Address)		
4. The name and address of at least one n company: <u>Name</u> TIM JENSEN	- bA	of the limited liability dreas EXBURG ID 83440	,
5. Mailing address for future corresponden C/O CAMPOS LAW 591 PARK	• •	•	
6. Future effective date of filing (optional):		<u>N/A</u>	
Signature of organizer(s). (An organizer is a men acting in behalf of a member or members). Signature Typed Name:CHAD A CAMPOS Signature Typed Name:	Canada a la constanta	IDAKO SECRETARY 01/21/2016 CX: 1685 CT: 199824 1 8 108.00 = 100.00	OF STATE 9 0:5 = 044 BN: 12844 GRGAN LLC
Typed Name:	conprod Rev	, 0-01	11.0
	S	W 8.99	103