

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANING OCT 22 AM 9: 47

	350	(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:			
	Deir Ammar,	LLC		
2.	2185 Montice (Street Address) Idaho Falls, II	<u> </u>	iresses of the in	itial designated office:
3.	The name and complete street address of the registered agent:			
	Mohamad A. Elabed 2185 Mo		2185 Monticello D	Dr., Idaho Falls, ID 83403
	(Name)		(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:			
		<u>Name</u>		Address
	Mohamad A. Elabed		2185 Monticello D	r., Idaho Falls, ID 83403
	1			
		ess for future correspond		eport notices):
			10 03403	
6.	Future effecti	ve date of filing (options	al):	
	nature of a i	manager, member or	authorized	
Siar	nature //	MACIA!		Secretary of State use only
_	ed Name: M	hamad A. Elabed, Manager	·	
				TRAIN SERVICE OF ANY

IDAHO SECRETARY OF STATE
10/22/2013 05:00
CX: NONE CT: 113824 BH: 1394928
1 0 100.00 = 100.00 ORGAN LLC # 2

W 130403

Signature\_\_\_\_

Typed Name: