



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 JUL 23 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

GAP Certified, LLC

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

301 N 1500 E, Saint Anthony, ID 83445

(Street Address)

(Mailing Address, if different than street address)

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

Brittney Raybould

(Name)

301 N 1500 E, Saint Anthony, ID 83445

(Street Address)

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

Name

Address

Brittney Raybould

301 N 1500 E, Saint Anthony, ID 83445

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

301 N 1500 E, Saint Anthony, ID 83445

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Brittney Raybould

Signature

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/23/2010 05:00
CK: 164 CT: 240885 DH: 1231862
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