CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 APR -8 PM 4: 09

SECRETARY OF STATE

	(Instructions on back	of application) SECRETARY OF STATE STATE OF IDAHO	
1. The name of	the limited liability com		
AarBer Compa	any, LLC		
2. The complete	The complete street and mailing addresses of the initial designated office:		
7209 Ashland	Dr Boise, ID 83709	<u> </u>	
(Street Address) PO Box 370	Meridian, ID 83680		
	if different than street address)		
3. The name an	d complete street addre	ress of the registered agent:	
Ayn L. Aaron		7209 Ashland Dr Boise, ID 83709	
(Name)		(Street Address)	
4. The name an company:	d address of at least or	ne member or manager of the limited liability	
	<u>Name</u>	Address	
Ayn L. Aaron		7209 Ashland Dr Boise, ID 83709	
Chris Berthelo	t	1434 Loder PI Meridian, ID 83642	
_			
 			
5. Mailing addre	ss for future correspon	ndence (annual report notices):	
PO Box 370	Meridian, ID 83680		
6. Future effective	ve date of filing (options	nal):	
=	nanager, member or	authorized	
person.		Secretary of State use only	
Signature			
Typed Name: Ay	n L. Aaron		
		TABLE SPARFTARY OF STATE	
Signature			
Typed Name:		CK: 3789 CT: 63753 BH: 141925 1 0 100.00 = 100.00 ORGAN LLC #	

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