



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 SEP 21 PM 12: 02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

McKay Christensen, LLC.

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

3688 Hampshire Ct., Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

McKay Christensen

(Name)

3688 Hampshire Ct., Idaho Falls, ID 83404

(Street Address)

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

Name

Address

McKay Christensen

3688 Hampshire Ct., Idaho Falls, ID 83404

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

3688 Hampshire Ct., Idaho Falls, ID 83404

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

McKay Christensen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/21/2012 05:00
CK: 1139693 CT: 172899 BH: 1348775
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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