

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

10 JUL -7 AM 8: 17

(Instructions on back of application)

| 1. | The name of the limited liability com | npany is: SECHETHY OF STATE |
|--------------------------------------|--|---|
| | HIDDEN | LEAF 1138 NORMAL, LLCSTATE OF IDAHO |
| 2. | 2. The complete street and mailing addresses of the initial designated/principal office: | |
| | 2518 ALMO AVENUE, BURLEY IDAHO 83318 | |
| | (Street Address) | |
| | (Mailing Address, if different than street address) | |
| 3. | The name and complete street address of the registered agent: | |
| | BRENT C. SKAGGS | 2518 ALMO AVENUE, BURLEY IDAHO 83318 |
| | (Name) | (Street Address) |
| 4. | 4. The name and address of at least one member or manager of the limited liabilit company: | |
| | <u>Name</u> | <u>Address</u> |
| | BRENT C. SKAGGS | 2518 ALMO AVENUE, BURLEY IDAHO 83318 |
| | HIEDI W. SKAGGS | 2518 ALMO AVENUE, BURLEY IDAHO 83318 |
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| | | |
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| 5. | 5. Mailing address for future correspondence (annual report notices): | |
| 2518 ALMO AVENUE, BURLEY IDAHO 83318 | | VENUE, BURLEY IDAHO 83318 |
| e | C. F. A. v. official and filling (autismal). | |
| О. | Future effective date of filing (option | aı) |
| Sia | nature of organizer(s). (An organizer is a | member orie |
| _ | ng in behalf of a member or members). | interriber, or is |
| | | Secretary of State use only |
| Sig | nature [±] //////// | |
| Тур | ped Name: BRENT C. SKAGGS | S 5 |
| Sin | nature | IDAHO SECRETARY OF STATE 97/07/2010 05:00 CK: 1216 CT: 246138 BH: 1229627 |
| | ped Name: HIEDI W. SKAGGS | IDAHO SECRETARY OF STATE |
| | | 07/07/2010 05:00 CK: 1216 CT: 246138 BH: 1229627 |
| | | 1 0 100.00 = 100.00 ORGAN LLC # |

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