



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 DEC -4 AM 9:07
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

shaidon, llc

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

286 EAST 200 NORTH

(Street Address)

BLACKFOOT, IDAHO 83221

(Mailing Address, if different than street address)

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

CLAYTON ALLEN

(Name)

286 EAST 200 NORTH, BLKFT. ID. 83221

(Street Address)

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

Name

Address

ALICIA ALLEN

286 EAST 200 NORTH, BLKFT. ID 83221

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

286 EAST 200 NORTH, BLACKFOOT IDAHO 83221

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

Signature of a manager, member or authorized person.

Signature

Clayton Allen

Typed Name: CLAYTON ALLEN

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/04/2014 05:00

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