

**FILED EFFECTIVE**

Aug 24 11 11:37a

Alan and Spring Bean

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SECRETARY OF STATE  
STATE OF IDAHO

251

**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

1. The name of the limited liability company is:  
Spring Bean Distalics, LLC
2. The complete street and mailing addresses of the initial designated/principal office:  
872 W. Bogus View Dr., Eagle, Idaho 83616  
(Street Address)  
  
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:  

<u>Spring Bean</u> (Name)	<u>872 W. Bogus View Dr., Eagle, Idaho 83616</u> (Street Address)
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4. The name and address of at least one member or manager of the limited liability company:  

<u>Name</u>	<u>Address</u>
<u>Spring Bean, Manager</u>	<u>872 W. Bogus View Dr., Eagle, Idaho 83616</u>
_____	_____
_____	_____
_____	_____
5. Mailing address for future correspondence (annual report notices):  
872 W. Bogus View Dr., Eagle, Idaho 83616
6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Spring C Bean  
Typed Name: Spring Bean, ManagerSignature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

on Long, No. 100, 8/20/10

IDAHO SECRETARY OF STATE  
08/29/2011 05:00  
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