FILED EFFECTIVE



Signature__

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 26 AM 8: 40

1.	The name of the limited liability com	npany is:	SEURETA STATE	RY OF STAT E OF IDAHO
	Te	ewinot Granite LLC	4	01 10/1/10
2.	2. The complete street and mailing addresses of the initial designated/principal office: 5022 Vintage Ln., Idaho Falle, ID 83406			
	(Street Address)			
	(Mailing Address, if different than street address)		<u></u> -	
3.	The name and complete street address of the registered agent:			
	Steve M. Mortensen	5022 Vintage	Ln., Idaho Falls,	ID 83466
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name		Address	
	Steve M. Mortensen	5022 Vintage	Ln., Ideho Falls,	D 83496
			•	
5.	Mailing address for future correspon	idence (annual tenc	vt notices):	
J.	Mailing address for future correspondence (annual report notices): 5022 Vintage Ln., Ideho Falle, ID 83496			
				
6.	Future effective date of filing (option	al):		
_	nature of organizer(s). (An organizer is a	member, or is		
acti	ng in behalf of a member or members).		Secretary of S	State use only
Sig	nature Stove M Mertino	er of the last		
Туг	oed Name:Steve M. Mortensen			

06/26/2809 05:00 CK: 1537 CT: 236387 BH: 1176565 1 8 168.98 = 198.00 (REAM LLC #

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