CERTIFICATE OF C		IVE
(Instructions on back	ck of application)	
1. The name of the limited liability cor	ompany is: SECRETARY OF STATE STATE OF IDAHO	
	TAG THAT UP LLC	
	addresses of the initial designated/principal office: 776 FAIRWAY DRIVE	
(Street Address)	CATELLO, IDAHO 83201	
(Mailing Address, if different than street address))	
3. The name and complete street add	Idress of the registered agent:	
Virginia McCloskey	776 Fairway Drive	
(Name)	(Street Address)	
 The name and address of at least of company: Name 	t one member or manager of the limited liability	
Virgìnia McCloskey	776 Fairway Drive, Pocatello, idaho 83201	
		na Ta Ra
5. Mailing address for future correspon	•	
776 Fairway	ay Drive, Pocatello, Idaho 83201	,
6. Future effective date of filing (option	onal):	
		e .
Signature of organizer(s). (An organizer is a	s a member, or is	
acting in behalf of a member or members).	Secretary of State use only	<u></u>
Signature	king and	
Typeu Name		
Signature	IDAHO SECRETARY OF STATE 01/25/2010 035 : CK: 5441 CT: 244194 DH: 128 I @ 100.08 = 100.00 ORGAN L	00
		14848 .LC # 2
Typed Name:		
	(1)90047	