

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB -2 AM 9: 16

1. The name of the indited liability company is:	SECRETARY OF STATE " STATE OF IDAHO
	19 220
2. The complete street and mailing addresses of th	, x
(Street Address)	Tray, ID 83871
(Silver Mudiess)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the re	gistered agent:
Brette Fladin 1120 D	My Creek Rd. Tray ID 83571
(Sireet Address	
4. The name and address of at least one member of	or manager of the limited liability
company:	
Name	Address
Brettet ladin 1201	Dry Creek Rd Troy ID83871
	<i>'</i>
	· · · · · · · · · · · · · · · · · ·
5. Mailing address for future correspondence (annu	ual report notices):
1120 Dry Creek Rd Trop	· 1
The series of th	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	
l. H(/7/16	Secretary of State use only
Signature DUM & Flodin	
Typed Name: Breff J Flodio	
Signature	
Typed Name:	IDAHO SECRETARY OF STATE

9/21/2012

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02/02/2015 05:00

CK:601 CT:305885 BH:1459815 10 100.00 = 100.00 ORGAN LLC #2