

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 16 AM 8: 52

SECRETARY OF STATE

1.	The name of the limited liability comp	pany is: STATE OF IDAHO
		LGB, LLC
2.	The complete street address, and mailing address if different, of the initial designated/ principal office:	
	129 N 1200	W, Blackfoot, Idaho 83221
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:	
	Co	ennie Christensen
4.	company:	e member or manager of the limited liability
	<u>Name</u>	Address
	Connie Christensen	129 N 1200 W, Blackfoot, ID 83221
	Thane Christensen	129 N 1200 W, Blackfoot, ID 83221
5.	Mailing address for future correspond 129 N 1200 W Blackfoot ID 83221	lence (annual report notices):
6	Future effective date of filing (optiona	ın.
Ο.	Tutale checave date of filing (optiona	
Sig or is	nature of an organizer(s). (An organizer i	is a member,
	nembers).	Secretary of State use only
~.	(10 ( <del>1))</del>	and a
_	nature <u>(A) (M) (M) (M)</u> ed Name Connie Christensen	IDAHO SECRETARY OF STATE 07/16/2008 05:0 CK: 17118 CT: 3117 BH: 11272
ıуp	ed Name: Connie Christensen	IDAHO SECRETARY OF STATE
Sigi	nature	07/16/2008 05:01

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