CERTIFICATE OF ORGANIZATION DILY SEP 10 PM 4: 50 LIMITED LIABILITY COMPANY SECRETARY OF MATE

	(Instructions on bac	sk of application) STATE OF IDAHO
1,	The name of the limited liability co	ompany is:
	SPO	T ON SOLUTIONS, LLC
2.	The complete street and mailing addresses of the initial designated office:	
	457 N. 80 W., BLACKFOOT, ID 83221	
	(Street Address) 266 W. BRIDGE ST., BLACKFOOT, ID 83221	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	JONATHAN W. HARRIS	266 W Bridge St., Blackfoot, ID 83221
	(Name)	(Street Address)
4 .	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	KATIE HARRIS	849 W. FALCON CIR., BLACKFOOT, ID 83221
5.	Mailing address for future correspondent	ondence (annual report notices):
	266 W. BRIDGE STREET, BLACKFOOT, ID 83221	
6.	Future effective date of filing (optional):	
	nature of a manager, member o	r authorized
Sign	nature A La	Secretary of State use only
Sia	nature	
	ed Name:	
_		: 1 A 100 00 00 00 00 11 C # 3

W117201