CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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10°	(Instructions or	n back of application) and the state of				
	e of the limited liabili	ity company is:	SECRETARY OF STATE				
. The comp	The complete street and mailing addresses of the initial designated office: 911 N Brookside Dr., Preston, Idaho 8326						
(Street Add							
(Mailing Add	dress, if different than street ad	dress)					
. The nam	The name and complete street address of the registered agent:						
Scott Ma	dsen	911 N Brooksid	de Dr., Preston, Idaho 83263				
(Name)		(Street Address)					
The name company		east one member or	manager of the limited liability				
•	<u>Name</u>	mad \$1 m	Address				
Scott Mad	asen ————————	911 N Brooksid	de Dr., Preston, Idaho 83263				
<u></u>							
							
-							
. Mailing ad 911 N. Br	ddress for future corr ookside Dr., Preston, Idal	espondence (annua ho. 83263	I report notices):				
. Future eff	fective date of filing (optional):					
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ignature of erson.	a manager, memb	er or authoriz e d					
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gnature <u>⊱∼</u> /ped Name:							
урси мате:			IDAHO SECRETARY OF STATE				
ignature			02/26/2015 05:00 CK:2612384 CT:172099 BH:146				
/ped Name:			16 100.00 = 100.00 ORGAN LL				
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