

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE

. The name of the limited	• •		STATE OF	IVARU
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. The complete street and				al office:
(Street Address)	1905 N. Rainycreek Pl.	Mendian Idaho 83	646	
			<u> </u>	
(Mailing Address, if different than s				
The name and complete	ne registered aç	ent:		
Brett J. Purvis		100E N 5	Paimweek DI	
(Name)	(Street A	1905 N. Rainycreek Pl. Street Address)		
		-		
The name and address of	of at least one mem	ber or manager	of the limited l	iability
company:			* *_	
<u>Name</u>	•	. —	ddress	
Brett J. Purvis		1905 N. I	Rainycreek Pi.	
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Future effective date of fi	ling (optional):	·	A.A.	
The same day of the	4 (obsidies).			
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11/2/	, , , , ,	Q	Secretary of State u	se only
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