

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

7814 NOV -7 PM 1=45

7	(Instructions	on back of application)	SECRETARY OF STATE STATE OF IDAHO
. The nan	ne of the limited liab	oility compалу is:	OTATE OF IDAHO
vFre	ak, ilc		
The con	nolete street and ma	illing addresses of the initia	I designated office:
50% A 5 A			
ASITION (Mailing A	N, IC 03420 Idoress, if different than alrest	address)	
		eet address of the register	ed agent:
Brun	no J. Niccoli	3445 E 1200 N	ASHTON, ID 83420
(Name)		(Street Address)	
compan	ny: Name o J Niccoli	0445 E 4000 N	Address Achton ID 83420
Bruno	O D IAICCOII	3445 E 1200 N	Ashton, ID 83420
5. Mailing	address for future of	orrespondence (annual rep	ort notices):
3445	E 1200 N Ashton, il	0 83420	pane . ·
6. Future	effective date of filin	g (optional):	:
Signature i erson.	of a manager, me	mber or authorized	
C DOIL	1 111	11	Secretary of State use only
Signature _		ell.	
yped Nam	e: Bruno J Nic	COII	TRIVA ORANGMINU AN AMIN
			IDAHO SECRETARY OF STATE
			11/07/2014 05:00
• –			- - -
Signature_ Typed Nam		<u> </u>	11/07/2014 05:00 K:2347988 CT:172099 BH:1 @ 100.00 = 100.00 ORGAN 1@ 20.00 = 20.00 EXPEDIT

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