



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN 30 PM 4:04

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

M LLC

2. The complete street and mailing addresses of the initial designated office:

74 N 5th STREET Ashton ID 83420
(Street Address)

P.O. Box 570 Ashton Idaho 83420
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

BLAZE H MAUPIN
(Name)

74 N 5th STREET Ashton ID 83420
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>BLAZE H MAUPIN</u>	<u>P.O. Box 570 Ashton ID 83420</u>
<u>William D MAUPIN</u>	<u>P.O. Box 570 Ashton ID 83420</u>
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

P.O. Box 570 Ashton Idaho 83420

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature William D Maupin
Typed Name: William D MAUPIN

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/30/2015 05:00

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