

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAR 12 PM 1: 13

SECRETARY OF STATE

	(m or application)	STATE OF IDAHO
1.	The name of the limited liability co	ompany is:	STATE OF TURNIC
	Glassy Lady, LLC	· •	
2.	The complete street and mailing at 140 Packer John Garden Valley II	ddresses of the init 0 83622	tial designated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Sonja Maurus	140 Packer John	Garden Valley ID 83622
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		<u>Address</u>
	Sonja W. Maurus	140 Packer John	Garden Valley ID 83622
	Joseph L. Maurus	140 Packer John	Garden Valley ID 83622
5.	Mailing address for future correspondence (annual report notices): 140 Packer John Garden Valley ID 83622		
6.	Future effective date of filing (optional):		
	nature of a manager, member or son.	r authorized	
_	nature Set Mu		Secretary of State use only
Тур	ed Name: Sonja Maurus		
Sigr	nature		IDAHO SECRETARY OF STATE 03/12/2013 05:00 CK: 1319829 CT: 172899 BH: 1364287
Тур	ed Name:		1 0 100.00 = 100.00 ORGAN LLC # 2

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