

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 HAR 15 AM 10: 25

1. The name of the limited liability company is:		SECHETATIV OF STATE STATE OF IDAHO
	Well Connected, LLC	UMIE OF IGHTU
2. The complete street and mailing a	ddresses of the initial de	esignated office:
1019 29th Street, Lewiston, Idaho 8350	1	
(Street Address) 1019 29th Street, Lewiston, Idaho 8350	1	
(Mailing Address, if different than street address)		
3. The name and complete street add	dress of the registered a	gent:
Edwin L. Litteneker	322 Main Street, Lewisto	n, Idaho 83501
(Name)	(Street Address)	
The name and address of at least company:	one member or manage	er of the limited liability
<u>Name</u>		<u>Address</u>
Brett Holley	1019 29th Street, Lewist	on, Idaho 83501
Gerry Layes	1019 29th Street, Lewiston, Idaho 83501	
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5. Mailing address for future correspo	ondence (annual report	notices):
322 Main Street, Lewiston, Idaho 83501	,	1000037.
J22 Wall Circut, Lewiston, Idano 55501		
6. Future effective date of filing (option	onal):	
	· 	
Signature of a manager, member of	or authorized	
person.		Secretary of State upg only
Signature Butt Hally		Secretary of State use only
Typed Name: Brett Holley		
· · · · · · · · · · · · · · · · · · ·		
Signature		IDAHO SECRETARY OF STATE 03/15/2012 05:00
Typed Name:	:	CK: 11638 CT: 43311 BH: 1315324

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