

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN 23 AM 8:51

W/53172

FILED EFFECTIVE

1.	The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated office: 3483 U / i am spurg Cay (Street Address) C 83706 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:	
<	(Name) (Street Address	Williamsburg lean Boisé, 10 83706
4. The name and address of at least one member or manager of the limited liability company:		
	Dan 1 x0N 3483	Williamsburg Way Boise, 12.83700
5. Mailing address for future correspondence (annual report notices): 3483 Williamshurg Way, Disk, W. 83706		
6. Future effective date of filing (optional):		
Signature of a manager, member or authorized person.		
•		Secretary of State use only IDANO SECRETARY OF STATE
Typed Name: Dan Dixon		06/23/2015 05:00 CK:1145 CT:252978 BH:1481055 10 100.00 = 100.00 ORGAN LLC #
Sig	nature	111-5100