

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN 20 AM 10: 52

HERFTARY OF STALL

1.	The name of the limited liability company is: STATE OF IDAHO STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office: (Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	(Name) (Street Address) (Name) (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:
	Panela P Anderson Some Some
5.	Mailing address for future correspondence (annual report notices):
6.	Future effective date of filing (optional):
Signature of a manager, member or authorized person. Secretary of State use only	
Sin	snature Secretary of State use only
_	ped Name: 1000 S Sytphen IDAHO SECRETARY OF STATE
Sig	mature

W104369

Typed Name: