251	
CERTIFICATE OF	
(Instructions on bac	k of application)
1. The name of the limited liability co	mpany is: SECHATE STATE
NW HOLDINGS LLC	
2. The complete street and mailing ac 3544 E 17th Street Suite 203, Idaho Fall (Street Address)	ddresses of the initial designated/principal office: ls, Idaho 83406
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Richard K Nebeker (Name)	3544 E 17th Street Suite 203, Idaho Falls, Idaho 83406 (Street Address)
4. The name and address of at least of company: <u>Name</u> Richard K Nebeker	one member or manager of the limited liability Address 3544 E 17th Street Suite 203, Idaho Falls, Idaho 83406
<ul> <li>5. Mailing address for future correspondence (annual report notices): 3544 E 17th Street Suite 203, Idaho Falls, Idaho 83406</li> <li>6. Future effective date of filing (optional):</li> </ul>	
Signature of a manager, member or authorized person.	
Signature <u></u>	IDAHO SECRETARY OF STATE 04/20/2011 05:00 CK: 6636 CT: 231143 BH: 1270843
	Cert_org_NC Rev. 07/2010 (1) 102599