



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 FEB 18 AM 9:22

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Ponce Design LLC

2. The complete street and mailing addresses of the initial designated office:

640 Copper Ridge Rd. Sage, ID 83860

(Street Address)

1261 PO Box Sage, ID 83860

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Julio Ponce

(Name)

640 Copper Ridge Rd Sage, ID 83860

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Megan Ponce

640 Copper Ridge Rd Sage, ID 83860

Julio Ponce

640 Copper Ridge Rd Sage ID 83860

5. Mailing address for future correspondence (annual report notices):

PO Box 1261 Sage, ID 83860

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name:

Julio Ponce

Signature

Typed Name:

Megan Ponce

Secretary of State use only

IDAHO SECRETARY OF STATE

02/18/2015 05:00

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