

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 NOV -5 AM 9: 03

U <sub>d</sub> g	(Instructions on i	pack of application)	OF OTHER DAY OF STATE
1.	The name of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO
	Dale Hamilton LLC		
2.	The complete street and mailing 15541 Orchard Avenue; Caldwell, ID		itial designated office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Dale Hamilton	15541 Orchard Avenue; Caldwell, ID 83607	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	Dale Hamilton 15541 Orchard Avenue; Caldwell, ID 83607		venue; Caldwell, ID 83607
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5.	Mailing address for future correspondence (annual report notices):		
	15541 Orchard Avenue; Caldwell, ID 83607		
6	Future effective date of filing (or	ntional):	
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_	nature of a manager, membe son.	r or authorized	
POI			Secretary of State use only
Sig	nature With Hen to		IDAHO SECRETARY OF STATE
	oed Name: Dale A Hamilton		11/05/2014 05:00 CK:560 CT:302897 BH:1448154
			16 100.00 = 100.00 ORGAN LLC
Sig	nature		
	ed Name:	1	
			11/14

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