



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2014 MAR 17 AM 9: 29

WE !	(Instructions on bac	k of application)	
1.	The name of the limited liability co	mpany is:	SECRETARY OF STATE
	Mogal Technologies, LLC		STATE OF IDAHO"
2.	The complete street and mailing addresses of the initial designated office: 2734 Lavender Dr., Idaho Falls, ID 83401		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Casey Summers	2734 Lavender Dr., Idaho Falls	, ID 83401
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Casey Summers	<u>Address</u> 2734 Lavender Dr., Idaho Falls, ID 83401	
	Jayson Seaver	3807 Navy Dr., Idaho Falls, ID 83401	
	James Spencer	1005 John Adams Parkway, Idaho Falls, ID 83401	
5.	Mailing address for future correspondence 2734 Lavender Dr., Idaho Falls, ID 8340	,	<b>s)</b> :
	270- Lavender Dr., Idano Felia, ID 00-0	(1)	<u> </u>
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member o son.		
		l l	etary of State use only
_	nature <u>a sur Summer</u> ed Name: <u>Casey 5 U</u>		
тур	ed Name:	MANALES	
Sigi	nature		IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

23/17/2014 05:20

CK: 409 CT: 294406 BH: 1415586
1 0 100.00 = 100.00 ORGAN LLC # 2

W135569

Typed Name: \_\_\_\_\_