FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2015 FEB 11 PM 3: 31

1101	(Instructions on	back of application)	SECRETARY OF STATE STATE OF IDAHO
1. The nam	e of the limited liability	company is:	STATE OF IDAHO
belsium i	TC		
	plete street and mailing a Mirage Ct, Idaho Falls, Id	g addresses of the initia	al designated office:
(Street Add			
(Mailing Ad	dress, if different than street addr	ess)	
3. The nam	e and complete street	address of the registere	ed agent:
	·	_	•
James Z	olman		, Idaho Falls, Idaho 83404
(Name)		(Street Address)	
		ast one member or man	pager of the limited liability
company	/. Name		Address
FamilyNo		5452 Villa Mirage Ct	, Idaho Falls, Idaho 83464
_			
-		spondence (annual rep	ort notices):
3432 VW	a Mirage Ct, Idaho Falls, Id	2010 634V4	
6 Future e	fective date of filing (o	otional):	
O. O.O.O.O.	noonto detto of timing to	pacificity.	
Signature o person.	f a manager, membe	e r or authorized ast one member or man	ager of the limited liability
	1 21		Secretary of State use only
Signature	for year		
Typed Name: James Zolman			IDAHO SECRETARY OF S
	<i>y</i>		02/11/2015 05: K:2569394 CT:172099 B
Di		1 5	
Signature			100.00 = 100.00 ORG

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