

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 JUL 30 AM 8: 48

	(Instructions on bac	ck of application)	
1.	The name of the limited liability of	ompany is:	SECREIARY OF STATE STATE OF IDAMO
2.	The complete street and mailing addresses of the initial designated office:  215 Ramey Creek Road, Stanley, ID 83278  (Street Address)		
•	HC 67, Box 306, Stanley, ID 83278 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Cari L. Tassano	200 Ramey Creek Road, Stanley, ID 83278	
	(Name)	(Street Address)	1
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Cari L. Tassano	Address HC 67, Box 306, Stanley, ID 83278	
	Daniel C. Nutsch	445 Shadetree Trail, Twin Falls, ID 83301	
5.	Mailing address for future correspondence HC 67, Box 306, Stanley, ID 83278	ondence (annual re	eport notices):
6.	Future effective date of filing (option	onal):	
_	nature of a manager, member of son.	or authorized	
·			Secretary of State use only  IDAHO SECRETARY OF STATE
_	ped Name: Cari L. Tassano		07/30/2014 05:00 CK:1199 CT:201322 BH:1435288 10 100.00 = 100.00 ORGAN LLC
Sig	nature		
Typ	ed Name:	ļ	

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