

Printed Name: Arminda D Hoskovec

Printed Name: _____

Rev. 11/2015

Signature:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2017 AUG 16 AM 8: 49

Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF IDAHO

•	ng addresses of the principal office is:
3498 E 4058 N, Kimberly, ID Street Address)	83341
,	
Mailing Address, if different)	
The name of the registered ag	gent and street address of the registered agent:
Arminda D Hoskovec	3498 E 4058 N, Kimberly, ID 83341
Name)	(Address cannot be a post office box or postal mail box)
Name)	(Address)
Name)	(Address)
Name)	(Address) (Address) respondence (annual report notices):

10AHO SECRETARY OF STATE 08/16/2017 05:00

CK:2728 CT:344212 BH:1598499 16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

W187331