

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 18 AM 8: 23

. The name of the limited liability of		SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing		
(Street Address)	27022 GOTSCH RD	
	PARMA, ID 83660	
(Mailing Address, If different than street address	9)	
. The name and complete street ac	ddress of the registered	agent:
INCORP SERVICES	921 S ORCHARD	ST. STE G BOISE ID 83705
(Name)	(Street Address)	
. The name and address of at leas company:	t one member or manag	er of the limited liability
Name	Address	
JEFFERY L ROBINS	27022 GOTSCH RD PARMA ID 83660	
MICHELLE M ROBINS	27022 GOTSCH RD PARMA ID 83660	
		
Mailing address for future corresp 27022 0	condence (annual report SOTSCH RD PARMA, ID 836	•
Future effective date of filing (opt	ional):	
ruture enecuve date or ming (opt		,
gnature of organizer(s). (An organizer	ie a member or is	
ing in behalf of a member or members).	: a member, VI 15	
~111 1 A	/	Secretary of State use only
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ped Name: JEFFERY L ROB	SINS	
gnature Muhelle X	SINS Phomestic formation of the Philosophia	IDAHO SECRETARY OF STATE
ped Name: (MICHELLE M RO	RIN2	08/18/2009 U5: U CK: 3491 CT: 239783 BH: 1183

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