

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 JAN -7 AM 8: 58

2. The complete street and mailing addresses of the initial designated office: 514 West Ave G Jerome, ID 83338 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Kelly Coelho 514 West Ave G Jerome, ID 83338 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Gilbert Coelho 514 West Ave G Jerome, ID 83338 5. Mailing address for future correspondence (annual report notices): 514 West Ave G Jerome, ID 83338 6. Future effective date of filing (optional): Signature of a manager, member or authorized erson. Secretary of State use only	*
(Mailing Address, if different than street address) The name and complete street address of the registered agent: Kelly Coelho (Name) State Address (Street Address) The name and address of at least one member or manager of the limited liability company: Name Address Gilbert Coelho 514 West Ave G Jerome, ID 83338 Mailing address for future correspondence (annual report notices): 514 West Ave G Jerome, ID 83338 Future effective date of filing (optional): ignature of a manager, member or authorized erson.	<u>-</u>
The name and complete street address of the registered agent: Kelly Coelho	
Kelly Coelho (Name) Street Address) The name and address of at least one member or manager of the limited liability company: Name Address Gilbert Coelho Mailling address for future correspondence (annual report notices): 514 West Ave G Jerome, ID 83338 Future effective date of filing (optional): gnature of a manager, member or authorized rson.	_
(Name) (Street Address) The name and address of at least one member or manager of the limited liability company: Name Address Gilbert Coelho S14 West Ave G Jerome, ID 83338 Mailing address for future correspondence (annual report notices): 514 West Ave G Jerome, ID 83338 Future effective date of filing (optional): gnature of a manager, member or authorized rson.	
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ped Name: Kelly Coelho	****

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9/21/2012

Signature

Typed Name: Gilbert Coelho

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