

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 24 AM 8: 13

SECRETARY OF STATE

The name of the limited liability comp	onkey Boy, LL	STATE OF	- IDAH
The complete street and mailing addre			fice:
7778 Meadow Cred			
(Street Address)			
(Malling Address, if different than street address)			
The name and complete street addres	ss of the rec	nistered agent	
		Jistorod agoniz	
-	7778 Mead	low Creek Rd. Bonners Ferry, ID 83	805
(Name)	(Street Address)	ia0.	
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The name and address of at least one company:	e member o	r manager of the limited liabili	ty
···· Hame		Address	٠ ١
Lowell W. Graber	7778 Mead	low Creek Rd. Bonners Ferry, ID 81	605
Kendra D. Graber	7778 Mead	low Creek Rd. Bonners Ferry, ID 83	805
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Mailing address for future corresponde	ence (annua	al report notices):	
7778 Meadow Cred	-	•	
The state of the s		1 2	
Future effective date of filing (optional)):		
400000000000000000000000000000000000000	•		
ature of organizer(s). (An organizer is a m	ember, or is		

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in behalf of a member or members).	1	Secretary of State use only	
in behalf of a member or members). ature	la		,
ature Lowell W. Graber	<u>lu</u>	Secretary of State use only	
in behalf of a member or members). ature	la [

