251

## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT 17 AM 9: 03
SECRETARY OF STATE
STATE OF IDAHO

1.	The name of the limited liability com		шАНО
2.	The complete street and mailing addresses of the initial designated office:  HC67 BOX 550, CLAYTON, ID 83227  (Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	JOLENE OGDEN	HC67 BOX 550, CLAYTON, ID 83227	
	(Name)	(Street Address)	
4.	The name and address of at least of company:	one member or manager of the limited liability	
	Name	Address	
	JOLENE OGDEN	HC67 BOX 550, CLAYTON, ID 83227	
	MARSHALL D OGDEN	HC67 BOX 550, CLAYTON, ID 83227	
			<del></del>
			<del></del>
5.	Mailing address for future correspor	ndence (annual report notices):	
	HC67 BOX 550, CLAYTON, ID 83227		
6.	Future effective date of filing (option	nal):	
-	gnature of a manager, member or	r authorized	
-	rson.	Secretary of State use only	
Sig	gnature <u>b</u>		
Ту	ped Name: WENDY BYFORD		
Sig	gnature	IDAHO SECRETARY OF ST	TE = 60
Ту	ped Name:		
		1 8 100.00 = 100.00 UKOWA	

9/21/2012

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