



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) **2015 MAY 21 PM 4:04**

1. The name of the limited liability company is: **SECRETARY OF STATE
STATE OF IDAHO**

2. The complete street and mailing addresses of the initial designated office:
264 Old Cougar Road Hope, ID 83836

(Street Address)
Po Box 107 Hope, ID 83836

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Teresa Stevens

264 Old Cougar Road Hope, ID 83836

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name
Michael A. Stevens

Address
264 Old Cougar Road Hope, ID 83836

Teresa A. Stevens

264 Old Cougar Road Hope, ID 83836

5. Mailing address for future correspondence (annual report notices):
PO Box 107 Hope, ID 83836

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature *Mike Stevens*
Typed Name: Michael A. Stevens

Secretary of State use only

Signature *Teresa Stevens*
Typed Name: Teresa A. Stevens

IDAHO SECRETARY OF STATE
05/21/2015 05:00
CK:2859898 CT:172099 BH:1476568
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