

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY | JUL | | AM 9: 45

(Instructions on back of application)	CTATE
1. The name of the limited liability company is: SEGRATION OF IDA	7H0
Team Rowler Conting I C	
2. The complete street and mailing addresses of the initial designated/princip	al office:
405 South Division Street Prophyst I	<u>:1 83</u> 850
P.O. Box 1384 Pinehust Id 83850	
(Mailing Address, if different than street address)	
The name and complete street address of the registered agent:	
John Whoner Ic. 405 South Division 5	S+
John Wagner Jr. 405 South Division 5 (Name) Pinehust Fd 8	3850
4. The name and address of at least one member or manager of the limited li	
company:	ability
Name Address	
John Wagner Jr. 405 South Division St	<u> Pinehurst</u>
Idaho, 83850.	
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5. Mailing address for future correspondence (annual report notices):	
P.O. Box 1384 Prochust Td 838	350
1.0. DOX 100-1 Therbrain La coc	<u> </u>
6. Future effective date of filing (optional):	
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Signature of a manager, member or authorized	
person. Secretary of State u	se only
Signature John Wagner Ju	
Typed Nathe: Unhn Wagnak OR.	
Signature	TABLE OF STATE
07/11/20	TARY OF STATE 311 05:00
	9517 BH: 1281854 0.08 ORGAN LLC N 2
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