

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 DEC 19 AM 10: 50

	(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO
1. The name o	f the limited liability con	npany is:	OF IDAHO
	THANK LL		
2. The comple	te street and mailing add	dresses of the initial	designated/principal office:
(Mailing Address	s, if different than street address)		
3. The name a	nd complete street addr	ess of the registered	agent:
(Name)	AUOUA	(Street Address)	LI HUEN DR SIE, ID 83860
The name a company:	and address of at least of	ne member or mana	ger of the limited liability
f.72	<u>Name</u>	. See	Address
CONAL	D NOUS	137 151RC1	JASIE, ID 83860
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_	ress for future correspon		•
137	BIRCIA HAMEN	s de sac	TO 83860
6. Future effec	tive date of filing (option	al):	·
	\		•
Signature of org	enizer(s). (An organizer is a	member, or is	
acung no benan of a	member primembers).	۵	Secretary of State use only
Signature	-Whos		
Typed Name: 🖁	DUND NOVA	F	
de l'est de la propiet		Nformst LC formstear_org_itc.PMID	IDAHO SECRETARY OF STATE 12/19/2008 05:00
_		PSVLLC	CK: 1112 CT: 232370 BH: 1148965 1 8 180.80 = 180.80 ORGAN LLC #
Typed Name: _		pvom Revis	

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