## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 SEP -7 PM 3: 13

(Instructions on back of application)

LECRETARY OF STATE

1. The name of the limited liability con	STALE UF IDAHU
VACCOR	•
2 The complete street and mailing add	dresses of the initial designated/principal office:
3000 E 60105	TONE DR STE 230
(Street Address)	22///2
(Mailing Address, if different than street address)	83642
3. The name and complete street addr	ress of the registered agent:
Victor Clark	3006 E. GOLDSTONE DR STE 230
(Name)	3006 E GOLDSTONG DR STE 230 (Street Address) meridian, 18 83642
The name and address of at least of company:	ne member or manager of the limited liability
Name	<u>Address</u>
Victor Clark	3006 & GOLD STONE DR
	Address 3006 E GOLD STONE DR STE 230 MICHAIRN 10 83642
5. Mailing address for future correspon	ndence (annual report notices):
3006 E GOLDST	TONE DRISTE 230 million 16
6. Future effective date of filing (option	
o. I didic checive date of filing (option	
Signature of a manager, member or	authorized
person.	
Signature	Secretary of State use only
Typed Name: VICTOR CLARK	
THE TOTAL COME A	<u> </u>
Signature	IDAHO SECRETARY OF STATE 69/07/2011 05:00
Typed Name:	
	TANTOO MINUNT CEC # C

cert\_org\_llc Rev. 07/2010

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