

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY -- 98 AUG 18 AM 9: 16

C S O	(Instructions on back	of application)	SECRETARY DE STATE
. 1. T	he name of the limited liability com	pany is:	STATE OF IDAHO
	:	da Management LLC	
2. T	The complete street and mailing addresses of the initial designated/principal office:		
	520 Airport Road, Kamiah, ID 83536		
	(Street Address) PO Box	1393, Kamiah, ID 83536	
((Mailing Address, if different than street address)		
3. T	he name and complete street addre	ss of the registered agen	t:
. <u>_</u>	Alfonso Pineda	520 Airport Road, I	Kamiah, ID 83536
((Name)	(Street Address)	
4. Ti	he name and address of at least on ompany:	e member or manager of	the limited liability
	<u>Name</u>	Addr	
	Alfonso Pineda	PO Box 1393, Ka	miah, ID 83536
	Angelica Mejia-Pineda	PO Box 1393, Kamiah, ID 83536	
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5. Ma	ailing address for future correspond	ence (annual report notic	es):
_		393, Kamiaĥ, ID 83536	
6. Fu	uture effective date of filing (optional):	
Signat	ture of organizer(s). (An organizer is a m n behalf of a member or members).	nember, or is	
acting ii	in behalf of a member of members).	Se	cretary of State use only
Signat	ure APPONID VINELA	oug_Ic.PMD	·
Typed	Name: Alfonso Pineda, Manage	r g'	
		mattic formsker	IDAHO SECRETARY OF STATE
Signati	1 The state of the	A ONLY	08/18/2008 05:00 CK: 1030 CT: 213574 BH: 11328
Typed	Name: Angelica Mejia-Pinega, Man	ager 📙 🖁	1 0 108.00 = 100.00 ORGAN LLC

1 9 108.00 = 100.00 DRGAN LLC # 2

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