

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 15 PM 2: 08

1.	The name of the limited liability con	npany is:	SECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing additional formula (Street Address)	dresses of the	e initial designated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Patty Payton	1016 W. Fort Boise Idaho 83702	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Patty Payton	Address P.O. Box 762 Boise Idaho, 8370.	
5.	Mailing address for future correspor P.O. Box 762 Boise Idaho, 83701	ndence (annu	al report notices):
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member or	authorized	
•	Only 1		Secretary of State use only IDAHO SECRETARY OF STATE
-	nature		04/15/2015 05:00
Тур	ed Name: Patty Payton		CK:CASH CT:309042 BH:14711
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Signature __

Typed Name: ___