

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2012 pc.

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	(Instructions on bacl	k of application)	-0120EC -5 AM 9: 09
1.	The name of the limited liability co	mpany is:	SECRETAGE STATE STATE OF WAHO
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2.	The complete street and mailing ac 2903 Kylee Street	agresses of the initial	designated office:
	(Street Address) Boise, Idaho 83709		
	(Mailing Address, if different than street address)		
3.	The name and complete street add	lress of the registered	fagent:
	Jennifer Hickey	2903 Kylee Street, Bo	ise, Idaho 83709
	(Name)	(Street Address)	
4.	The name and address of at least of company:	one member or mana	ger of the limited liability
	Name	0000161 01 1 0	Address
	Jennifer Hickey	2903 Kylee Street, Bo	ise, idano 83709
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5.	Mailing address for future correspondence	ondence (annual repo	rt notices):
	2903 Kylee Street, Boise, Idaho 83709		
6.	Future effective date of filing (optio	onal):	
~	nature of a manager, member o	r authorized	
þei	son.		Secretary of State use only
Sia	nature		
Tvr	ed Name: gennifer Hickey		
Sia	nature		IDAHO SECRETARY OF STATE 12/05/2012 05:00
	ed Name:		CK: 1045 CT: 269526 BH: 134995 1 0 100.00 = 100.00 ORGAN LLC #
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