

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 DEC 18 PM 12: 28

FAROLFL.

	(Instructions on ba	ck of application)	SECREMARY OF STAT STATE OF IDAHD
1. The name	of the limited liability o	ompany is:	STATE OF IDAHU
2. The comp	olete street and mailing a	Accape Maintanders addresses of the initial desired to the control of the contro	gnated/principal office:
(Malling Add	ress, If different than street address)	
3. The name	and complete street ac	ldress of the registered age	ont:
Douglas (Name)	J Omas	2173 CHART (Street Address)	TAN OR BOISE TO
4. The name company:		t one member or manager (of the limited liability
Dona	Omas	2173 CHART	TAN DR Boise 83713

*	·		
5. Mailing ac	idress for future corresp	ondence (annual report no	tices):
2173	CHARITAN DI	2 BOISE ID &	33713
6. Future eff	ective date of filing (opti	onal):	
	rganizer(s). (An organizer i of a member or members).	s a member, or is	Secretary of State use only
Signature	ougles Joan	ws g	
Typed Name:	Douglax J. C	omas	\$9098W
Signature		M 60724	IDANO SECRETARY OF STATE
Typed Name:			12/18/2009 05:00 CK: 1656 CT: 243131 BH: 1199853