

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) 2013 JAN 16 AM 9: 09

1.	The name of the limited liability company is: SEORETARY OF STATE
	Luco + Tyricultulantellinec
2.	The complete street and mailing addresses of the initial designated office:
	3699 F. 200 N.
	(Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	(Name) Seals Super Address) Del Took.
	(Street Address) Rum, IO 88442
4	The name and address of at least one member or manager of the limited liability
4.	The name and address of at least one member or manager of the limited liability company:
	Name Address
	David Ryan Beddes 13699 E. 200 N.
	Bar Charles Bar Company
	thate Useddes Kyn, ID 83442)
	$\circ o$
5.	Mailing address for future correspondence (annual report notices):
	369 E. 200 N; Kuby, ID 83442
6.	Future effective date of filing (optional):
Sig	nature of a manager, member or authorized
_	son.
	Secretary of State use only
Sig	nature All Head
Tvr	ned Name: And Dodd as

IDAHO SECRETARY OF STATE

21/16/2013 05:00

CK: 3265 CT: 278243 BH: 1355909

1 0 100.00 = 100.00 ORGAN LLC # 2

1 0 20.00 = 20.00 EXPEDITE C # 3

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