



0005933733

**STATE OF IDAHO****Office of the secretary of state, Phil McGrane  
CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0005933733

Date Filed: 10/8/2024 4:15:57 PM

<p>Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>1. Limited Liability Company Name Type of Limited Liability Company Entity name</p> <p>2. The complete street address of the principal office is: Principal Office Address</p> <p>3. The mailing address of the principal office is: Mailing Address</p> <p>4. Registered Agent Name and Address Registered Agent</p>		<p>Standard (filing fee \$100)</p> <p>Limited Liability Company Bob Wright's Legacy LLC</p> <p>4453 WASATCH ST. CHUBBUCK, ID 83202</p> <p>4453 WASATCH ST CHUBBUCK, ID 83202-1764</p> <p>Registered Agent Hal Wright Physical Address: 4453 WASATCH ST. CHUBBUCK, ID 83202 Mailing Address: 4453 WASATCH ST CHUBBUCK, ID 83202-1764</p>						
<p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> <p>5. Governors</p> <table border="1"> <tr> <td>Name</td> <td>Address</td> </tr> <tr> <td>Hal Wright</td> <td>4453 WASATCH ST. CHUBBUCK, ID 83202</td> </tr> <tr> <td>Scott Wright</td> <td>7490 N. VALLEY VISTA POCATELLO, ID 83201</td> </tr> </table> <p>Signature of Organizer:</p> <p><i>Hal Wright</i></p> <p>Sign Here</p>			Name	Address	Hal Wright	4453 WASATCH ST. CHUBBUCK, ID 83202	Scott Wright	7490 N. VALLEY VISTA POCATELLO, ID 83201
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		<p>10/08/2024</p> <p>Date</p>						