

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 15 AM 8: 19 OF STATE

•	ACCURATE AND UNION
1. The name of the limited liability cor	mpany is: SECHO OF IDAHO
	O'SULLIVAN LLC
2. The complete street and mailing ad 1523 EAST 3900 NORTH	Idresses of the initial designated/principal office:
(Street Address) BUHL, IDAHO 83316 (Mailing Address, if different than street address)	
3. The name and complete street add	ress of the registered agent:
NATHAN L SULLIVAN	1523 E 3900 N BUHL, ID 83316 (Street Address)
company:	one member or manager of the limited liability Address
Name Nathan L Sullivan	1523 E 3900 N BUHL, ID 83316
5. Mailing address for future correspo	ndence (annual report notices):
6. Future effective date of filing (option	nal):
Signature of a manager, member of person.	r authorized
	Secretary of State use only
Typed Name: NATHAN L SULLIVAN	
Typed Name: NATHAN L SULLIVAN	
Signature	IDAHO SECRETARY OF STATE 11/15/2010 05:00 CK: 6286 CT: 252788 BH: 124715
Typed Name:	1 2 100.00 = 100.00 ORGAN LLC #

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Typed Name: _____

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