## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2012 0CT 22 AM 9: 02

		(Instructions or	n back of application)	SECRETARY OF STATE	
1.	The name of the limited liability company is:			STATE OF IDAMO	
	M2 CAPITAL, LLC				
2.	The complete street and mailing addresses of the initial designated office: 756 N 1250 E Jackson, ID 83350 (Street Address)				
	-	ess, if different than street ad	•		
3,	The name	and complete stree	t address of the registered	d agent:	
	LeRoy Mendoza		756 N 1250 E Jackso	756 N 1250 E Jackson, ID 83350	
	(Name)		(Street Address)		
	The name and address of at least one member or manager of the limited liability company:				
	<u>Name</u> LeRoy Mendoza		756 N 1250 E Jackso	<u>Address</u> 756 N 1250 E Jackson, ID 83350	
	Eloy Mendoza			643 Deon St Burley, ID 83318	
			,		
<b>5</b> .			espondence (annual repor	t notices):	
	756 N 1250	E Jackson, ID 83350			
6.	Future effe	ctive date of filing (c	ontional)·		
			PRIORITE .		
Sign pers		manager, membe	er or authorized		
Sign	ature	LLIL	10	Secretary of State use only	
Гуре	ed Name:	LeRoy Mendoza	2		
-	ature	Willy		TRANS ACCRETARY OF COLOR	
Гуре	ed Name:	Efoy-Mendoza /		IDAHO SECRETARY OF STATE 10/22/2012 05:00	

9/21/2012

CK: 11/0961 CT: 172099 BH: 1344492 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3