

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 FEB 15 PM 1: 01

	(Instructions on back	of application)
1.	The name of the limited liability con	•
	Syrir	nga Lab Supplies LLC
2.	The complete street and mailing add 583 E. Sable Ridge Drive, Kuna, Idaho 83 (Street Address)	dresses of the initial designated/principal office:
	•	
2	(Mailing Address, if different than street address)	tope of the registered agent:
3.	The name and complete street address of the registered agent:	
	Steve Thiessen	583 E. Sable Ridge Drive, Kuna, Idaho 83634
	(Name)	(Street Address)
4.	The name and address of at least or company:	ne member or manager of the limited liability
	<u>Name</u>	<u>Address</u>
	Steve Thiessen	583 E. Sable Ridge Drive, Kuna, Idaho 83634
<b>5</b> .	Mailing address for future correspon	adones (annual report nations):
<b>5</b> ,	Mailing address for future correspondence (annual report notices): 583 E. Sable Ridge Drive, Kuna, Idaho 83634	
6.	. Future effective date of filing (optional):	
_	nature of a manager, member or son.	authorized  Secretary of State use only
Sia	nature	
	ped Name: Jeffey W. Pusch, Attorney/Or	ganizer
,,		
Sig	nature	NC/13/COII 03:00
Тур	ed Name:	CK. 27656 CT. 151848 RH: 1268164

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