251			
	CERTIFICATE OF LIMITED LIABIL		09 JAN 29 PM 2: 4 I
AND THE REAL PROPERTY	(Instructions on back of application)		SECRETARY OF STATE
1. The name of the limited liability con		ompany is:	STATE OF IDAHO
		· •	
2. The co	mplete street and mailing a		nated/principal office:
		nson Ave, Meridian, ID 83646-411	2
(Street /	Address)		
	Address, if different than street address)	• ·	
3. The na	ame and complete street ad	dress of the registered agen	t
•	Becky J Hecock	1869 N Swainson Ave, Meridian, ID 83646-4112	
(Name)	· · · · · · · · · · · · · · · · · · ·	(Street Address)	
		one member or manager of	the limited liability
compa	Name	Addr	944
····	Becky J Hecock	In back of application) SECRETARY OF STATE STATE STATE OF IDAHO lity company is:	
			·····
- 17-7	4		
5 Mailing	address for future correspo	ondence (annual report notic	es).
			-
		uhan Manaka Manaka yang banan kanan kana kanan kana	······································
6. Future	effective date of filing (optic	onal):	
Signature (of organizer(s) (An organizer is	e member or is	
-	alf of a member or members).		
Signature	Kontillande		SCIEDERITY OF STRATE USE ONLY
Typed Nan			
	\mathcal{V}		
Signature_			IDAHO SECRETARY OF STATE
Typed Nan	ne:	Control	LK: 195370 CT: 172099 BH: 11546 1 8 100.00 = 100.00 DR: 11546
		<u>8</u>	UNDER UNDER LLC

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