## FILED EFFECTIVE

		FILED EFFECT
CERTIFICATE OF C		
(Instructions on back	(Instructions on back of application)	
1. The name of the limited liability con	ipany is:	SECRETARY OF STA STATE OF IDAHO
-	GSR LLC	
2. The complete street and mailing add	tresses of the initial of	lesignated/principal office:
	W. 3rd St. Star, ID 83669	
(Street Address)		
(Mailing Address, if different than street address)		,,, _,
3. The name and complete street addr	ess of the registered	agent:
Todd Allen Myers	11630 W 3	3rd St. Star, ID 83669
(Name)	(Street Address)	
4. The name and address of at least or company: Name		Address
Chariten Lennard Bell	11630 W. 3rd St. Star, ID 83669	
Rulon Brent Myers	323 S. Pennant Pl. Meridian, ID 83842	
Todd Allen Myers	707 S. 5th W. a	#2602 Rexburg, ID 83440
_ <u>,</u>		
5. Mailing address for future correspon	• •	•
11630 \	W. 3rd St. Star, ID 83669	
6. Future effective date of filing (option	al):	
Signature of organizer(s). (An organizer is a acting in behalf of a member or members).		
Signature Chariten Lennard Be Signature Chariten Lennard Be Signature Rulon Brent Myers	factoritemeters on Lehko	Secretary of State use only IDAMO SECRETARY OF STATE 201/20/2010 055:00 CK: 6326 CT: 244667 BH: 128422 1 9 190.00 = 100.00 ORGAN LLC
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