

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2812 SEP 13 AM 9: 15

(Instructions on back of application	
The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAMO
ABELLAVIE LLC	On as see see
2. The complete street and mailing addresses of the	e initial designated office:
2244 DIAMOND H LA	+NE
(Street Address) REXBURG ID 83440	
(Mailing Address, if different than street address)	
3. The name and complete street address of the re	gistered agent:
SCOTT LEWIS 2244	DIAMOND H LANE
(Name) (Street Address)
4. The name and address of at least are marker of	or manager of the limited lightlity
4. The name and address of at least one member of company:	manager of the limited liability
<u>Name</u>	Address
SCOTT LEWIS 224	4 DIAMOND H LANE
TRACY LEWIS REV	KRUEG ID 83440
	·
5. Mailing address for future correspondence (annu	
2244 DIAMOND H L	AND REXISURG ID 834
6. Future effective date of filing (optional):	
 	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature Scanner Signature	
Typed Name: Score Lawis	
$A \rightarrow 0$	
Signature Thory Allin	IDAHO SECRETARY OF STATE 99/13/2012 05:00
Typed Name: TYPET U. 1-211)15	CK: 3856 CT: 274205 BH: 1339652

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