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CERTIFICATE OF ORGANIZATION FOR ANTI: 11

	(Instructions on back	of application) STATE OF IDAHO
1.	The name of the limited liability con	npany is:
		ACG OF IDAHO, LLC
2 .	The complete street and mailing add	dresses of the initial designated/principal office:
	(Street Address)	5 North Acapuico Way
	N	ampa, Idaho 83651
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:	
	Bobble J. Taylor	14425 North Acapuico Way, Nampa, Idaho 83651
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	<u>Address</u>
	Roger W. Taylor	14425 North Acapulco Way, Nampa, Idaho 83651
	Bobbie J. Taylor	14425 North Acapulco Way, Nampa, Idaho 83651
5.	Mailing address for future correspond 14425 North Acap	dence (annual report notices); pulco Way, Nampa, Idaho 83651
6. l	Future effective date of filing (optiona	il):
Sign: acting	ature of organizer(s). (An organizer is a n in behalf of a member or members).	nember, or is Secretary of State use only
Signa	ature Copy n Jeffer	Secretary of State use only
Гуре	d Name: Roger W Taylor	§,
Signa	ature Deliku Daylor	IDAHO SECRETARY OF STATE 11/28/2008 05:00 CK: 174438 CT: 172899 BH: 114634 1 8 160.00 = 100.00 ORGAN LLC H
уре	d Name; Bobbie J. Taylor	CK: 174438 CT: 172899 BH: 114634

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