

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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TE TO	(Instructions on back	or application)	
1. The nam	e of the limited liability con	mpany is:	SEGRED BY OF STATE STATE OF IDAHO
2. The com	plete street and mailing ad	dresses of the initia	l designated/principal office:
920	Public Ave,	Mescow M	0, 88843
(Street Add	iress)		
(Mailing Ad	Idress, if different than street address)		
3. The nam	ne and complete street add	ress of the registere	ed agent:
Brian	Groseclose	920 Publ	ic Ave, Moscou, 12,
(Name)		(Street Address)	3843
4. The nan	ne and address of at least o	one member or man	ager of the limited liability
<b>h</b> -	Name	000 n 1 1	Address Macania
Brian	. Groseciose	920 AUD	lic Ave, Moscony 16
		83843	
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5. Mailing	address for future correspo	ndence (annual rep	ort notices):
	Public Ave,		
<u> </u>		<del>, , , , , , , , , , , , , , , , , , , </del>	
6. Future e	ffective date of filing (option	nal):	
•	of a manager, member o	r authorized	
person.	3 - A		Secretary of State use only
Signature 7	Man X roseclose		
, <del>o</del> f	: Brian Groses	lose	
**			IDANO SECRETARY OF STATE
Signature_			11/15/2010 05:00 CK: 201 CT: 247981 RH: 1247146
<del>-</del>	e:	i	1 P 100.00 = 100.00 ORGAN LLC # 2

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