

CERTIFICATE OF ORGANIZATION FILED EFFECTION OF THE SUPERIOR OF THE PARTY OF THE PAR

	Instructions on baر المنطقة	ck of application)	100000
1	The name of the limited liability company is:		STATE OF IDAHO
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	Stevens Real Estate Referrals, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office: 6708 W Fairview Ave. Boise ID 83704		
	(Street Address) Same As Above	A	
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:		
	Samantha Stevens	6708 W Fairview Ave. Boise I	D 83704
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Addr	
	Samantha Stevens	6708 W Fairview Ave. Boise	ID 83704
5.	Mailing address for future corresp Same as Above	oondence (annual report notic	ces):
6.	. Future effective date of filing (optional):		
_	nature of a manager, member eson.	or authorized	
•	nature am R. Revee	s	ecretary of State use only
Тур	ped Name: Samantha Stevens		
Sig	nature	IDAHO SECRETARY OF STATE タフ/とフ/2010 05:00 K: 483187 CT: 172099 BH: 1232362 i B 25 80 = 25,000rgan LLC # 2	IDAHO SECRETARY OF STATE 07/27/2010 05:00 CK: 484824 CT: 172899 BH: 1232.
Ту	ped Name:	1 6 C3.00 - 59.0000000 FF0 4 F	75.00 = 75.000RGAN LLC #

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