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CERTIFICATE OF ORGANIZATION	
LIMITED LIABILITY COMPANY	09 APR 13 AM 8: 43
(Instructions on back of application)	
1. The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing addresses of the initial desig	inated/principal office:
3643 E. Pearce Dr. Idaho Fa	
	<b>(</b>
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered ager	nti - Signa da angla da sa
Peter Gallant 3643 East	Pearce Dr. Idaho Falts, ID 834
(Name) (Street Address)	
4. The name and address of at least one member or manager of	f the limited liability
company:	
Peter Gallant 3643 East Peare	
Jason Reeder 3677 East Silverst	me Idaho talls, ID 83101
·	
5. Mailing address for future correspondence (annual report noti	ces):
3643 East Rearce Dr. Idaho Falls,	TD 83401
6. Future effective date of filing (optional):	al.
6. Future enective date of ming (optional).	
Signature of organizer(s). (An organizer is a member, or is	
acting in behalf of a member or members).	Secretary of State use only
	n an ann an Anna an Ann Anna an Anna an
Signature Gallant	
2008 Sorting and a second s	INNO SECRETARY OF STATE
Signature	CK: 1157 CT: 236879 BH: 1165748 1 8 188.68 = 188.68 ARRAN HIC # 2
Typed Name. JASUN REEDER	
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