

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2010 APR 22 PM 2: 08

The name of the limited liability comp		IDA
Brent	Vaughan, LLC	_
•	resses of the initial designated/principal office:	
	k Lane Chubbuck id 83202	_
(Street Address)		<i>&</i>
(Mailing Address, if different than street address)		· · ·
The name and complete street addre	ess of the registered agent:	
Brent Vaughan	4945 Brook Lane Chubbuck Id 83202	
(Name)	(Street Address)	
The name and address of at least on company: Name	ne member or manager of the limited liability Address	
Brent Vaughan	1021 Sawtooth Chubbuck ld 83202	
Tamryn Vaughan	1021 Sawtooth Chubbuck Id 83202	
		 .
	÷	-
		_
Mailing address for future correspond	dence (annual report notices):	
4945 Brook	k Lane Chubbuck Id 83202	_
P. d	_N.	
Future effective date of filing (options	ai):	
nature of organizer(s). (An organizer is a	member or ic	
riature of organizer(s). (An organizer is a ing in behalf of a member or members).		
Var Harris	Secretary of State use only	
nature ////	IDAHO SECRETARY OF	
ped Name: Brent Vaughan	200	
	E8 INAHO SECRETARY OF 6	STATE

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