

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 10 AM 8: 30

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company is	STATE OF IDAHO	
	Taber Road Pro	oductions LLC	
2.	The complete street and mailing addresses of 1950 W 758 S,		e ta li
	(Street Address) Springfield I		
	(Mailing Address, if different than street address)	3	!
3.	The name and complete street address of th	he registered agent:	
	Joe Hamilton	1950 W 758 S, Springfield ID 83277	· .
	(Name) (Street Ad	Address)	d Ente
4.	The name and address of at least one member company:	ber or manager of the limited liability	4
	<u>Name</u>	Address	
	Joe Hamilton	1950 W 758 S, Springfield ID 83277	,
	Danielle Hamilton	1950 W 758 S, Springfield ID 83277	
			a. "
			ا با بازد داد. ا
5.	Mailing address for future correspondence (a PO Box 102, Sprin	•	-
			, <u>.</u>
6.	Future effective date of filing (optional):		
_	nature of organizer(s). (An organizer is a member,	, or is	*
	g in behalf of a member or members).	Secretary of State use only	
	nature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- Bo	
ıyp	ed Narge: Joe Hamilton	IDAHO SECRETARY OF STATE	0
Sigr	nature	Dolo	27 # 2
Тур	ed Name:	Revised	

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