

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2015 JUN 23 AM 8: 57

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1. T	he name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF IDAHO
The complete street and mailing addresses of the initial designates the street and mailing addresses of the initial designates.      (Street Address)			e initial designated office:
	(Mailing Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
	Michael D. Mills	168 Hoffman Ave. Sagle, Idaho 83860	
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		<u>Address</u>
	Michael D. Mills	168 Hoffman	Ave., Sagle, Idaho 83860
	Caroline D. Simpson	168 Hoffman Ave., Sagle, Idaho 83860	
5. N	Mailing address for future correspondence (annual report notices): same		
6. F	Future effective date of filing (options	al):	
Signa perso	ature of a manager, member or on.	authorized	
		•	Secretary of State use only IDAHO SECRETARY OF STATE
-	ature While D. TY	uls	06/23/2015 05:00
Type	ed Name: Michael D. Mills	<u> </u>	CK:1187 CT:311681 BH:1481054 10 100.00 = 100.00 ORGAN LLC :
Signa	ature Cambrie D. Simpso	n l	TO TOOLOG . TOOLOG DECEMBER THE 4

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Typed Name: Caroline D. Simpson