

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 AUG -5 AM 8: 18

(Instructions on back of application)

SECRETARY OF STATE

. The name of the limited liability co	mpany is:	STATE OF IDA	НО
•		SERVICE, LLC	
. The complete street and mailing ac			oal office:
· · · · · · · · · · · · · · · · · · ·	IING AVE IONA,	- , ,	
(Street Address)			
(Mailing Address, if different than street address)	<u></u>		
The name and complete street add	dress of the re	gistered agent:	
GLORIA J. WILSON		DENNING AVE IONA, ID 8342	7-5016
(Name)	(Street Address	5)	
. The name and address of at least of company:	one member o	or manager of the limited l	iability
Name		Address	
GLORIA j. WILSON	5178 [DENNING AVE. IONA, ID 8342	7-5016
			· · · · · · · · · · · · · · · · · · ·
Mailing address for future correspo	•	•	
5178 DENN	IING AVE IONA,	ID 83427-5016	
	В		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Future effective date of filing (optio	nal):		
gnature of organizer(s). (An organizer is	a member, or is		• ;
ing in behalf of a member or members).	4.4	Secretary of State	ise only
gnature Xloria III	ulson)	IDAHO S IDAHO S IDAHO S IDAHO S IDAHO S I 2861 C I 2 100.00 s	e de la companya de l
ped Name: GLORIA WILSO	N	ارم ا	
-		80	PARTITATA SP STATE
gnature		1000 S 25 98/05/	ECRETARY OF STATE
ped Name:		最	T: 93548 BH: 118 : 188.88 DRGAN L

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