



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 APR 16 AM 8: 17

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability com	pany is: STATE OF IDAHO
C.	Graham, Idaho LLC
2. The complete street and mailing add	resses of the initial designated/principal office:
C/O Edward Simon 180 W. 1st S	St., Suite 202, P.O. Box 540 Ketchum, ID 83340
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street addre	ess of the registered agent:
Edward Simon	180 W. 1st St., Suite 202, Ketchum, ID 83340
(Name)	(Street Address)
The name and address of at least on company:	ne member or manager of the limited liability
<u>Name</u>	Address
Claudia Graham	127 Pomona Ave., Long Beach, CA 90803
	The state of the s
•	
5. Mailing address for future correspond	damas (amazal manada nakaan)
	dence (annual report notices): Ave., Long Beach, CA 90803
121 TORIORE	Ave., Long Beach, CA 90000
6. Future effective date of filing (optional	al)•
or a many concerns and or mining (options	
Signature of organizer(s). (An organizer is a racting in behalf of a member or members).	member, or is
	Secretary of State use only
Signature <u>Javoir Graha</u>	~ ₹
Typed Name: Claudia Graham	IDANO SECRETARY OF STATE ### Company of Com
	ES IDANO SECRETARY OF STATE
Signature	94/16/2010 05:00 (X: 1120 CT: 247127 NH. 1914862
Typed Name:	1 0 100.00 = 190.00 ORGAN LLC # 2

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