

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(instructions o	n back of application)		
1. The nan	ne of the limited liabi	ility company is:	SECRETARY OF STATE STATE OF IDAHO	
	ichine LLC	my wellipacity to:	OWNER OF IDANIO	
	nplete street and mai Concord Way	ling addresses of the initial	designated office:	
	dress) , ID 83686 .ddress, if different than street a	cktreae)	-	
	•	et address of the registere	d agent:	
Jeffrey !	Maxweli	4421 E Concord Way	y, Nampa ID 83686	
(Name)		(Street Address)	(Street Address)	
. The nan		least one member or man	ager of the limited liability	
gaac	<u>Name</u>	4404 = Oomoond 131	Address	
Јептеу г	Maxwell	en back of applications	y, Nampa ID 63666	
		подок опавыя де		
	ಎಳ ುತ್ತು			
		rrespondence (annual repo	ort notices):	
. Mailing		rrespondence (annual repo	ort notices):	
. Mailing (address for future co s above		ort notices):	
5. Mailing (address for future co		ort notices):	
5. Mailing a same as	address for future cos s above effective date of filing	(optional):		
5. Mailing a same as	address for future cos s above effective date of filing			
5. Mailing a same as s	address for future cos above effective date of filing of a manager, mem	(optional):		
S. Mailing a same as signature of erson.	address for future costs above effective date of filing of a manager, mem	(optional):	agar er ale manee naemaj	
5. Mailing a same as s	address for future costs above effective date of filing of a manager, mem	(optional):	agar er ale manee naemaj	
5. Mailing a same as s	address for future costs above effective date of filing of a manager, mem	(optional):	agar er ale manee naemaj	

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