

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 DEC 21 AM 9: 24

(Instructions on back of application)

1.	The name of the limited liability com	pany is: SECNETAN OF STATE STATE
2.	The complete street and mailing addresses of the initial designated office: 5035 East 34 North Ririe, ID 83443	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Jeremiah Bigelow	5035 East 34 North Ririe ID 83443
	(Name)	(Street Address)
The name and address of at least one member or manager of the limited liabi company:		ne member or manager of the limited liability
	Name	Address 5035 East 34 North Ririe ID 83443
	Jeremiah Bigelow	5035 East 34 North Rifle ID 63443
	Josiah Bigelow	3928 East 100 North Rigby ID 83442
	David Bigelow	507 North 4000 East Rigby ID 83442
5.	Mailing address for future correspondence (annual report notices): 5035 East 34 North Ririe ID 83443	
6.	Future effective date of filing (optional):	
_	nature of a manager, member or son.	authorized
		Secretary of State use only
_	nature () Sign	
Тур	ped Name:eremiah Bigelow	, , , , , , , , , , , , , , , , , , ,
Sig	nature	IDAHO SECRETARY OF STATE 12/21/2012 05:00
	ped Name:	16/61/2012 00:00

W120254