



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 MAY 14 AM 8:40

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Be Self-Reliant, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

336 N. 1810 E., Saint Anthony, ID 83445

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

David Noack

336 N. 1810 E., Saint Anthony, ID 83445

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

David Noack

336 N. 1810 E., Saint Anthony, ID 83445

5. Mailing address for future correspondence (annual report notices):

336 N. 1810 E., Saint Anthony, ID 83445

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

David Noack

Signature

Typed Name:

Secretary of State use only

5/14/2009 05:00  
CK: 4177 CT: 179478 SH: 1178445  
1 @ 100.00 = 100.00 ORGAN LLC # 2

IDAHO SECRETARY OF STATE  
05/14/2009 05:00  
CK: 4177 CT: 179478 SH: 1178445  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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