## CERTIFICATE OF ORGANIZATION 2010 HOV 17 PH 2: 12

	(Instructions on back of application)  SECULIARIES OF 2: 12
	(Instructions on back of application)  1. The name of the limited liability company is:
	2. The complete street and maning addresses of the initial designated/principal office:  [Street Address]  [Street Address]
	(Mailing Address, if different than street eddress)  3. The name and complete street address of the registered agent:
	Eugene Saputski 16240 N. Gina Ct Rathalmin (Street Address)
	The name and address of at least one member or manager of the limited liability
	himperly saputski 11040 n. ging Ct Rathdrum
	5. Mailing address for future correspondence (annual report notices):  1000 0. Quno Ct Kathorum, Id 83858  6. Future effective date of filing (optional):
Si pe	ignature of a manager, member or authorized
	ped Name: Kimberly Saputski
	IDAHO SECRETARY OF STATE  11/17/2010 05:00  Ded Name: Eugene Soputski  CK: 550961 CT: 172099 BH: 1247618 1 8 186.00 = 186.00 ORGAN LLC # 2

CK: 550961 CT: 172099 BH: 1247618 1 B 100.00 = 100.00 ORGAN LLC # 2

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