

Signature _____
Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL -3 AM H: 23

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

principal office:	
111 Main Street, P.O. Box 1325, Lewiston, ID 83501	
The name of the commercial register address of the non-commercial regis	red agent; or the name and complete street stered agent:
R. John Taylor, 2020 I	Broadview Drive, Lewiston, ID 83501
company:	ne member or manager of the limited liability
Name	Address
R. John Taylor	2020 Broadview Drive, Lewiston, ID 83501
•	·
	ndence (annual report notices): 1325, Lewiston, ID 83501
P.O. Box	1325, Lewiston, ID 83501
P.O. Box	1325, Lewiston, ID 83501
6. Future effective date of filing (option ignature of an organizer(s). (An organizer	1325, Lewiston, ID 83501 al): r is a member,
P.O. Box 6. Future effective date of filing (option	al): r is a member, initial member Secretary of State use only
P.O. Box 6. Future effective date of filing (option ignature of an organizer). (An organizer is acting in behalf of a required, and existing.	1325, Lewiston, ID 83501 ral): r is a member, initial member

IDAHO SECRETARY OF STATE 97/93/2008 95:00 CK: 1062 CT: 227594 BH: 1125678 1 2 100.00 = 100.00 ORGAN LLC # 2

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