



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR 26 PM 4:30

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Hayes Inspirations, LLC

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

5609 N. Fieldcrest Drive Boise, ID 83704

(Street Address)

Same

(Mailing Address, if different than street address)

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

Shara Hayes

(Name)

5609 N. Fieldcrest Drive Boise, ID 83704

(Street Address)

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

Name

Address

Shara Hayes

5609 N. Fieldcrest Drive Boise, ID 83704

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

5609 N. Fieldcrest Drive Boise, ID 83704

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature 

Typed Name: Shara Hayes

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/26/2015 05:00

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