

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

10 DEC 20 M 9: 17

(Instructions on back of application)

1.	The name of the limited liability comp	pany is: SECRETARY STATE OF	)F STATE DAHO
2.	The complete street and mailing additional 1636 Briarwood Ln, Twin Falls, ID 83301	cipal office:	
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street addre		
	Ryan C. Moore	1636 Briarwood Ln, Twin Falls, ID 8330	
	(Name)	(Street Address)	<del></del>
4.	The name and address of at least on company:	d liability	
	Name.	Address	
	Ryan C. Moore	1636 Briarwood Ln, Twin Falls, ID 8330	<del></del>
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-			<del></del>
5.	Mailing address for future correspond 1636 Briarwood Ln, Twin Falls, ID 83301	<u> </u>	
6. Future effective date of filing (optional):			
Sig pers	nature of a manager, member or a son.		
Sigi	nature Ryan Mone	Secretary of St	le use only
Тур	ed Name: Ryan C. Moore		
	natureed Name:	12/20. CX: 1899 C1	CRETARY OF STATE '2010 05:00 : 167741 BH: 1251603 100.00 ORGAN LLC # 2
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