

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

110CT 13 AM 9: 53

CE TO S	(Instruction	ns on back o	of application	n)			
1. The name	of the limited I	liability com	pany is:			SI	ECREBATY CT 314 STATE OF IDAM
Tracy!	k Busin	ness L	_				
	ete street and			e initial	designated	/principa	al office:
6945	Hommel	Dr. B	so ise	$\mathcal{ID}$	8370	9	
(Street Addres	is)	7					
(Mailing Addre	ess, if different than st	reet address)	· · · · · · · · · · · · · · · · · · ·				
3. The name	and complete	street addre	ss of the re	gistered	agent:		
Tracy	Mazon	Homen	<u>694</u>	5 Hu	nmel	D∽	Box= ID 83709
(Name)			(Street Addres	5)			83707
company:	and address o						
	Name Mazon	1.1		. //	Address	N E	
racy	Mazon	Homan	<u> </u>	HU	mme ]	D~ (	20.20 TD
						est est in	85701
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		<u></u>					
5 Mailing add	dress for future	correspond	lence (anni	ial repoi	t notices)		
	Homm	-	•	-		የ አረ ۶	
<u> </u>		- De/	<u> </u>	<u> </u>	<del> </del>	1201	
6. Future effe	ective date of fil	ling (optiona	ıl):			·	
Signature of	a manager, m	nember or	authorized				
person.	<b>)</b>				Secretan	y of State us	e only
Signature	han Ma	son Ale	Mah		<del></del>		
Typed Name:	TOWN M	470n	Homan				
i ypeu itallie.	,				••	AIIA <i>P</i> EPPE	TANV DE CTATE
Signature					10/	13/26	
Typed Name:						77 CT: 26 .00 ≈ 100	
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