

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2009 JAN 15 AM 8: 38

	Cimiled Circli		The state of the control of the cont	, 20 II
TE OF	(Instructions on ba	ack of application)	SECRETARY OF STA	TE m
1. The n	ame of the limited liability	company is:	STATE OF IDAHO	
W	PAKING CONA	IECTIONS L	LC	fice: T
2. The c	omplete street and mailing	addresses of the initia	al designated/principal of	fice: 🗎
_33	32 S. HAINE	s PL. Boise	5, ID 83712	~
Street	Address)	,	•	
(Mailin	g Address, if different than street addres	(8)		<u> </u>
3. The n	ame and complete street a	ddress of the registere	ed agent:	
	. — / , ,	222 / 1/	(ds. 1 5) 2 - 1 = 5	C>7/7
(Name	OIT LUNG	(Street Address)	ATMES PL. DOISE	0)/10
	ame and address of at leas	st one member or mar	nager of the limited liabilit	у
compa	any: Name		Address	
	Name		Daniass	
	COTT LUNG			
	coll Cunt		AS ABOUTE	
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				÷.
5. Mailin	g address for future corres	nondonce (annual ren	ort notices):	
			ort notices).	
2/	AMET AS ABOU	<u>'C</u>		
. Future	e effective date of filing (op	tional):		
ignature	of organizer(s). (An organizer	is a member, or is		
•	half of a member or members).	· · · · · 	Co-manual State and and	
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