

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

4	(Instructions o	n back of application)	2013 AUG 30 AM 9: 07	
1.	The name of the limited liabil	ity company is:	SECRETARY OF STATE STATE OF IDAHO	
2.				
	(Street Address) N/A (Mailing Address, if different than street ac			
3.	The name and complete street address of the registered agent:			
	Dennis K. Allen	375 Ladino Dr., Idal	o Falls, ID 83401	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		Address	
	Dennis K. Allen	375 Ladino Dr., Idah	375 Ladino Dr., Idaho Falls, ID 83401	
5. I	Mailing address for future corre 375 Ladino Dr., Idaho Falls, ID 83	espondence (annual repo	ort notices):	
6. F	Future effective date of filing (d	optional): N/A		
Sign: perso	ature of a manager, memberon.	er or authorized		
Signa	ature Vennik C	lle	Secretary of State use only	
Туре	d Name: Dennis K. Allen			
_	ature		IDANO SECRETARY OF STATE	
Гуре	d Name:		08/30/2013 05:00 CK: 1194 CT: 183876 BH: 1388239	

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