

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYILED EFFECTIVE

(Instructions on back of application) IT APR 12 AM 8: 20

1.	The name of the limited liability company is: SECRETARY OF STATE
	Lathen Lathen Lathen Rowe LLC STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office:
	(Street Address)
	(Street Address) Start D 93669 (Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	William C. Lathen 701 No. Ramy Creek Ave. (Name) Street Address) Star. IND 83669
4.	The name and address of at least one member or manager of the limited liability company:
	William C. Lathen 701 No. Ramey Creek, Stor, ID 93669
5.	Mailing address for future correspondence (annual report notices):
	701 No. Ramey Creek Ave. Star, ID 83669
6.	Future effective date of filing (optional):
_	nature of a manager, member or authorized
•	Secretary of State use only
Sig	nature William C. father
Тур	ed Name: William C. LATHEN
	IDAHO SECRETARY OF STATE
	nature
Typ	ed Name: 1 9 100.08 = 108.00 ORGAN LLC # 2

cert_org_lic Rev. 07/2010

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