

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2015 JUL 16 PH 3: 30

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00.  Complete and submit the application in duplicate.		SECTION OF STATE STATE OF IDAHO		
H. O. TANAGER PRESS, L	LC			
(Remember to include the words "Li	mited Liability Company," "Limited Companyj, "or the abl	oreviations L.L.C.	, LLC, or LC)	
. The complete street and mailing	addresses of the principal office is:			
1412 W WASHINGTON ST		BOISE		3702
(Street Address)	(City)		(State)	(Zipcede)
PO BOX 514		SE	ID 83701	
(Mailing Address, if different)	(City)		(State)	Zipcode)
. The name and complete street a	address of the registered agent:			
CHERYL MADDALENA	1412 W WASHINGTON ST	BOISE	ID	83702
(Name)	(Address)	(City)	(State)	(Zipcode)
The name and address of at leas	at any any armor of the limited lightlifts			
	st one governor of the limited liability of		:-	
CHERYL MADDALENA	PO BOX 514 (Address)	BOISE	ID (State)	83701 (Zipigode)
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(Name)	(Auditory)	775 M	V(21-1-1)	(7) = a + da
(1.50.15)	(Address)	(City)	(State)	(Zipcade)
(Name)				
Marines	(Address)	(City)	(State)	(Zipcode
(Name)	(Address)	(City)	(State)	(Zipcode
	,	, ,,	,,,,,	. ,
Mailing address for future corres	spondence (annual report notices):			
PO BOX 514	E	BOISE	ID	83701
(Address)	(0	Sity )	(State)	(Złacode)
ignature of organizer(s).				
rinted Name: CHERYL MAD	DAL ENA Seco	etary of State us	e only	,
rinted Name: CITLIX IL IVIAD	<del></del>	DAHO SECRE	ተ <u>አ</u> ዋሃ ለም ቁመን	i m Fr
	/	unnu secke 17/16/90		

Signature:

Printed Name:

Signature:\_\_\_

Rev. 07/2015

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