

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2014 MAR 17 AM 9: 39

	(Instructions on back	k of application)	CEPOETROV ACTORNA
1.	The name of the limited liability co	mpany is:	STATE OF IDAHO
2.	The complete street and mailing ac 205N 100E Jerome ID 83338-5429 (Street Address)	ddresses of the initial of	designated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Keith Davis	205N 100E Jerome ID	83338-5429
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Keith Davis	<u>Address</u> 205N 100E Jerome ID 83338-5429	
5.	Mailing address for future correspo Keith Davis 205N 100E Jerome ID 8333	•	t notices):
6.	Future effective date of filing (optio	nal):	
_	nature of a manager, member o	r authorized	Constant of Obtaining
Sia	nature Augustina		Secretary of State use only
_			
Sig	nature		IDAHO SECRETARY OF STATE
	ed Name:		O3/17/2014 O5:00 CK: 1043 CT: 267801 BH: 1415508 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C #

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