

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY DIL -3 AM 8: 17

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

			O'ALL OF TUANU
. 1	he name of the limited liability company	y is:	
	MLM V	entures, LLC	
2. T p	he complete street address, and mailing rincipal office:	g address if diff	erent, of the initial designated/
,	5145 S. Heyrend Dr., Idaho Falls, ID 83402 / PO Box 1604, Idaho Falls, ID 83403		
i. T	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:		
-	Morgan Construction, Inc. 5145	S. Heyrend Dr., Ida	ho Falls, ID 83402
	he name and address of at least one me ompany:	ember or mana	•
	Name	<u>Address</u>	
-	Matt Morgan	PO Box 1604, Idaho Falls, ID 83403	
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-			
5. M	ailing address for future correspondence	e (annual report	notices):
	**************************************	aho Falls, ID 8340	•
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. Fi	uture effective date of filing (optional): _		
	ture of an organizer(s). (An organizer is a m ting in behalf of a required, and existing, initial n		
	ibers).	Δ	Secretary of State use only
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yped	Name: Matt Mg/gan		
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