

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2815 JAN 12 AM 10: 32

FILED EFFECTIVE

20	(Instructions on back of application	SECRETATION STATE STATE OF IDAHO	
	he name of the limited liability company is:		
2. T	The complete street and mailing addresses of the initial designated office:		
	2570 E. Thomas Hill DR. Coeurd Alene, IO 83815 (Street Address)		
7	(Mailing Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
	Dona 10 R. Smock Jr. 2570 (Street Address)		
	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	Donald R. SMOCK 2570 G.	Thomas Hill UP.	
5. M	failing address for future correspondence (annu	al report notices):	
•	2570 6. Thomas Hill DRIVE	bourdalene, IN 63015	
6. F	uture effective date of filing (optional):		
_	ature of a manager, member or authorized		
ersc	on.	Secretary of State use only	
Siana	ature DRS	IDAHO SECRETARY OF STATE	
Гуре	d Name: Donalo P. Smor JP.	01/12/2015 05:00 CK:2093 CT:180325 BH:1456	

16 100.00 = 100.00 ORGAN LLC #2

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Signature 2

Typed Name: Dong/D R. Smock JR.