

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

(Instructions on back of application)

2012 OCT 18 AM 9: 13

1.	The name of the limited liability company is:		SECRETARI CHI STATE STATE OF IDAHO
	HILLTOP, L.L.C.		SMEDIEN
2.	The complete street and mailing addresses of the initial designated office: 7235 CLIFFSIDE		
	(Street Address) IDAHO FALLS, IDAHO 83406		
3.	(Mailing Address, if different than street address)  The name and complete street address of the registered agent:		
	DIANNA SKIDMORE	7235 CLIFFSIDE	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	DAVID SKIDMORE	7235 CLIFFSIDE	Idaho Falls, ID 83406
5.	Mailing address for future correspond 7235 CLIFFSIDE IDAHO FALLS, ID 834	•	oort notices):
6.	Future effective date of filing (options	al):	
•	nature of a manager, member or a	authorized	
Sigi	nature Dianna JKidm	ore	Secretary of State use only
Тур	ed Name: DIANNA SKIDMORE		
	nature		IDAHO SECRETARY OF STATE 10/18/2012 95:00 CK: 210 CT: 264085 BH: 1344194
Тур	ed Name:		1 @ 100.00 = 100.00 ORGAN LLC # 2 1 @ 20.00 = 20.00 EXPEDITE C # 3