

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY OCT 22 AM 8: 09

(Instructions on back of application)

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SECRETARY OF STATE STATE OF IDAHO	
LC	
itial designated/principal office:	
110, 10 00-102	· <u>·</u>
ered agent:	_
end Oreille Circle, ID 83402	
anager of the limited liability	
Address Preille Circle, Idaho Falls, ID 83402	
eport notices): Ils, ID 83402	*
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The name of the limited liability co	mpany is: STATE OF IDAHO
UN	IITED SPECIALTY, LLC
The complete street and mailing ac	ddresses of the initial designated/principal office:
2195 Pend O	reille Circle, Idaho Falls, ID 83402
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street add	lress of the registered agent:
Chuck L. Staggie	2195 Pend Oreille Circle, ID 83402
(Name)	(Street Address)
Chuck L. Staggie	2195 Pend Oreille Circle, Idaho Falls, ID 83402
company: Name	Address
Chuck L. Staggie	2195 Pend Oreille Circle, Idaho Falls, ID 83402
Mailing address for future correspo	•
2195 Pend O	reille Circle, Idaho Falls, ID 83402
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Future effective date of filing (option	mai).
ature of organizer(s). (An organizer is	a member, or is
in behalf of a member or members).	Secretary of State use only
ature Allers	IDAHO SECRETARY OF STA
ed Name: Chuck L. Staggie	E ST
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nature	I DAHO SECRETARY OF STA

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