

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY -6 AM 9: 34

1. The name of the limited liability company is:	SECRETATION OF STATE
1. The name of the limited liability company is: STATE OF THE STATE O	
2. The complete street and mailing addresses of the initial designated office.	
3886 E.107 H	
(Street Address)	
(Mailing Address if different than street address)	
3. The name and complete street address of the registered agent:	
L. BENJAMIN STRAYER 3886 E (Street Address)	107 N. RIBBY 1.D. 83442
4. The name and address of at least one member or manager of the limited liability company:	
<u>Name</u>	<u>Address</u>
L. BENJAMIN STRAYER 3886 E	. 107 N. RIGBY 1.D. 83442
, *	
· .	
	LEAVE TO THE STATE OF
5. Mailing address for future correspondence (annual report notices):	
3886 E. 107 N. RIGBY ID. 83442	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature ABening Ak	could be only
Typed Name: L. BEN AMUS STRAYER	
Typed Hame. PI PER JAIKIUN SIKHYAN	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	05/06/2013 05=00 CK: 213 CT: 282749 BH: 1372438
	1 2 20.00 = 20.00 EXPEDITE C # 3

W124902