

Signature _____ Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

99 OCT 29 AM 8:50

he complete street and mailing add		• • •	office:
Street Address)	reek Way, Nampa, ID. 8	33686	
(Mailing Address, if different than street address)			
he name and complete street addre	ess of the registered	agent:	
Jody D. Ross	253 Walnut Creek Way		
(Name)	(Street Address)		
he name and address of at least on ompany:	e member or mana		ility
Name Lee Ross	Address. 253 Welnut Creek Way, Nempa, ID. 83686		
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failing address for future correspond 253 Walnut Ci	tence (annual repor reek Way, Nampa, ID. 8	•	
253 Walnut C	reek Way, Nampa, ID. 8	•	
•	reek Way, Nampa, ID. 8	•	

IDAHO SECRETARY OF STATE
10/29/2009 05:00
CX. 327557 CT: 172099 BH: 1193231
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