

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 JAN 21 PM 2: 55

(Instructions on back of application)

SECRETARY OF STATE

1.	The name of the limited liability co	ompany is:	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated office:		
	114 E. Main St. Weiser Idaho 83672		
	(Street Address) 114 E. Main St. Weiser Idaho 83672		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Carlos M. Ribera	500 E. Commercial St. Weiser Id. 8	33672
	(Name)	(Street Address)	
4.	company: Name Address		imited liability
	Carlos M. Ribera 500 E. Commercial St. Weis		33672
	Lora A. Libera	(* //	
5 .	Mailing address for future correspo 500 E. Commercial St. Weiser Id. 83672		
6.	Future effective date of filing (option	nal):	
Sigi pers	nature of a manager, member or son.	authorized Cauloo M	Riber
_	nature <u>(allo m. Rib</u>	Secretary	of State use only
Тур	ed Name: Carlos M. Ribera	<u> </u>	
Sign	nature A	IDA 	HO SECRETARY OF STATE 21/2014 05:00 # CT: 291961 BH: 1486836
Тур	ed Name: Lora A. Ribera	CK: MU CK 1 9 190.0 1 9 20.0	# CT: 291961 BH: 1496636 8 = 198.06 ORGAN LLC # 2 8 = 28.06 EXPEDITE C # 3