FILED EFFECTIVE

251		
CERTIFICATE OF CLIMITED LIABILI (Instructions on back 1. The name of the limited liability con	TY COMPANY k of application)	2011 DEC 30 PM 1: 17 SEURETARY ST STATE STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated office:		
8880 W. Candleston Ct.		
(Street Address)		
3. The name and complete street address of the registered agent:		
Jarrid Hansen		ston Ct. Boix, DD 83709
4. The name and address of at least one member or manager of the limited liability		
company:	_	
		Idress
Jamid Hansen 8880 W. Condleston Ct. Boise		
	·	
5. Mailing address for future correspondence (annual report notices):		
Same		
6. Future effective date of filing (optional):		
Signature of a manager, member or authorized		
person. Secretary of State use only		
Signature		
Typed Name: Jorgid Heas	en	
Signature		IDAHO SECRETARY OF STATE
		CK: CASH CT: 265470 05:00
1 # 100.00 = 100.00 = 100.00 ORGAN LLC # 2		
cert_org_lic Rev. 07/2010		

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