



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

10 JUN 24 PM 1:40

(Instructions on back of application)

1. The name of the limited liability company is:

AMY ARIAL AND DAVID OLSON LLC

2. The complete street and mailing addresses of the initial designated/principal office:

121 MAYLEAF STREET SUN VALLEY, ID 83353

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

DAVID OLSON

(Name)

121 MAYLEAF STREET SUN VALLEY, ID 83353

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

AMY ARIAL

121 MAYLEAF, SUN VALLEY, ID 83353

DAVID OLSON

121 MAYLEAF, SUN VALLEY, ID 83353

5. Mailing address for future correspondence (annual report notices):

121 MAYLEAF STREET SUN VALLEY, ID 83353

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____ Marsha Siha

Typed Name: MARSHA SIHA

Signature _____

Typed Name: _____

Secretary of State use only

g:\corporations\LLC forms\cert_org_llc.RTF
Revised 07/2008

IDAHO SECRETARY OF STATE
06/24/2010 05:00
CK: 22678 CT: 222177 BH: 1228099
1 E 100.00 = 100.00 ORGAN LLC #
1 E 20.00 = 20.00 EXPEDITE C #

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