



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 AUG - 7 AM 8:06

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Miller Hall LLC

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

2130 N.E. 16th Street, Fruitland, ID 83619

(Street Address)

N/A

(Mailing Address, if different than street address)

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

Lynda Marie Hall

2130 N.E. 16th Street, Fruitland, ID 83619

(Name)

(Street Address)

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

Name

Lynda Marie Hall

Address

2130 N.E. 16th Street, Fruitland, ID 83619

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

2130 N.E. 16th Street, Fruitland, ID 83619

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 Lynda Marie Hall

Typed Name: Lynda Marie Hall

Signature _____

Typed Name: _____

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