

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 15 AM 9: 24 m

1.	The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO	THE C
		4
2.	The complete street and mailing addresses of the initial designated/principal office:	3
	350 D- 3ND W-	П
	(Street Address) Right Toplo 83442	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	JAMES G. BARRON 350 M- 3nd W. Righ Dal (Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:	
,	Name Address	
11-100	Amos & BARRON. 330 11 Drow, Righ Dr3424	
15	COLT. R. Sherman 175 A North 4300 EAST Ryh 834	W
	RICHARD J FAHLEN 38228. 10871. Fortes Polls TO 83401	
5.	Mailing address for future correspondence (annual report notices):	
	350n. 3nd w. Raby 83482.	
Æ	Future effective date of filing (optional):	
U .	Tutale ellocate date of minig (optional).	
_	nature of organizer(s). (An organizer is a member, or is	
acti	ng in behalf of a member or members). Secretary of State use only	
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_	nature Name: Not K. Sherman	
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THEMO J. FAHLEN.