



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 13 SEP 20 AM 9: 13

(Instructions on back of application)

The name of the limited liability     Click This LLC	ty company is:	SIZE	
2. The complete street and maili 8492 N Brookside Dr Hayden ID 8	ng addresses of the initial d	esignated office:	
(Street Address)			
(Mailing Address, if different than street ad	dress)		
3. The name and complete stree	t address of the registered a	agent:	
Ben Danforth	8492 N Brookside Dr Ha	8492 N Brookside Dr Hayden ID 83835 (Street Address)	
(Name)	(Street Address)		
<ol> <li>The name and address of at le company:</li> </ol>	ast one member or manage	er of the limited liability	
<u>Name</u>		Address	
Ben Danforth	8492 N Brookside Dr Ha	yden ID 83835	
5. Mailing address for future corre	espondence (annual report r	notices):	
8492 N Brookside Dr Hayden ID 83	335		
6. Future effective date of filing (o	ptional):		
ignature of a manager, membeerson.	r or authorized		
gnature Ser		Secretary of State use only	
yped Name: Ben Danforth			
ignature		IDAHO SECRETARY OF STATE	
yped Name:		09/20/2013 05:00 CK: 1556102 CT: 172099 BH: 1390937 1 8 100.00 = 188.00 ORGAN LLC # 2	

W129403