

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

11 AUG 17 AM 8:40

1. The name of the limited liability com	pany is:	SECET BY OF STATE STATE OF IDAHO
Tin CAN CAPITAL	1.6.C	STATE OF IDAHO
2. The complete street and mailing add		ated/principal office:
3129 Howe STEAC CAN (Street Address)		
(Mailing Address, if different than street address)		
3. The name and complete street address of the registered agent:		
Name)	3129 Homes Tend (Street Address) Ichn Ho	CHUE PAILS, IdaHo B340
4. The name and address of at least one member or manager of the limited liability company:		
<u>Name</u>	Addre	
PAUL KEELE	3129 HomesTrac	1 care
	Echatho Falls, Ia	. 63404
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<b>-</b>		•
5. Mailing address for future correspondence (annual report notices):		
3/29 Homestead can	r Idallo Falls	Id 83404
6. Future effective date of filing (options	al):	
Signature of a manager, member or person.	authorized	
·	Se	cretary of State use only
Signature Full Keef Typed Name: PAUL KEE'E		
Typed Name: PAUL KEELE		
	08	IDAHO SECRETARY OF STATE 3/17/2011 05:00
Signature	CV.	1986 CT: 261625 BH: 1286831 80.88 = 188.88 ORGAN LLC # 2
Typed Name:		
		W105951

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