251



CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

1	EIVITED LIABILIT		2010 SEP - 1 PM 3: 24	
2 } 0	(Instructions on back	of application)	STATE TARY OF STATE	
1. 7	The name of the limited liability con	mpany is:	STATE OF IDAHO	
	Cha	ries Rudy Enterprizes, LLC		
2. 1	The complete street and mailing addresses of the initial designated/principal office: 6184 West 17 South, Idaho Falls, ID 83402			
	(Street Address)	البرية و الحادث في المدونة و المدونة و الفرية في المدونة و المدونة و المدونة و المدونة و المدونة و المدونة و ا		
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Alan L Reed	6184 West 17 South, Idaho Fa	ils, ID 83402	
	(Name)	(Street Address)		
	The name and address of at least one member or manager of the limited liability company:			
	Name	Address 6184 West 17 South, Idaho Falls, ID 8340		
	Alan L. Reed	0104 West 17 South, Idaho Falis, ID 0340		
_				
5.	Mailing address for future correspo			
	6184 West 17 South, Idaho Falis, ID 834	10		
6.	Future effective date of filing (optio	nal):	navers de la company de la	
Sign pers	nature of a manager, member o		acretary of State use only	
	. A. P. B	1	CHERRY OF STATE COST ONLY	
Sign	ed Name: Alan L. Reed			
ıyp	ed Name: /www.			
Sia	nature		6809P W	
_	ed Name:		V	
- 1			THOUGH SECRETARY BE STATE	

IDAHO SECRETARY OF STATE

09/01/2010 05:00

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