

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

	(Instructions on back	k of application)
1.	The name of the limited liability con	mpany is: SECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated office:  12500 Hill Road, Payette ID 83661  (Street Address) PO Box 591, Payette ID 83661  (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Renee L. Durrett (Name)	12500 Hill Road, Payette ID 83661 (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name Renee L. Durrett	Address 12500 Hill Road, Payette ID 83661
	Reflee L. Dullett	12300 Fill Road, Payette 1D 6300 F
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5.	Mailing address for future correspo PO Box 591, Payette ID 83661	ndence (annual report notices):
6.	Future effective date of filing (optio	nal):
_	nature of a manager, member of son.	r authorized
pei	. ( )	Secretary of State use only
_	nature <u>Veree</u> Junet	
Тур	ped Name: Renee Durrett	
	nature ped Name:	1X: 4074 CT: 102713 RH: 1360976

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