

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JUL 24 AM 8: 30

	(Instructions on back of application)		
1. Th	The name of the limited liability company is:		
7	MIRACLES, LLC		
2. Th	The complete street and mailing addresses of the initial designated office:		
	19 S State St Preston ID 83263		
	treet Address)		_
	failing Address, if different than street address)		
3. Th	The name and complete street address of the registered agent:		
R	ICK J SPARROW	19 SOUTH STATE ST, PRESTON, ID 83263	
(N	lame)	(Street Address)	
	ne name and address of at least one member or manager of the limited liability ompany:  Name  Address		·
BI	RIAN T STEWART	323 E 500 S, FARMINGTON, UT 84025	
_			
	<del></del>		
5. Ma	ailing address for future correspo	ndence (annual report no	otices):
32	23 E 500 S, FARMINGTON, UT 84025		•
_	- <del></del>	<u></u>	
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_	ture effective date of filing (option		
6. Fut	ture effective date of filing (option ure of a manager, member or	nal):	
6. Fut Signate person	ture effective date of filing (option ure of a manager, member or	nal):	Secretary of State use only IDAHO SECRETARY OF STATE
6. Fut Signati person Signati	ture effective date of filing (option ure of a manager, member or	nal):	07/24/2014 05:00
6. Fut Signate person	ture effective date of filing (option ure of a manager, member or	nal):r authorized	IDAHO SECRETARY OF STATE
6. Fut Signati person Signatu	ture effective date of filing (option ure of a manager, member or	nal):r authorized	IDAHO SECRETARY OF STATE 07/24/2014 05:00 003 CT:299329 BH:14345