CERTIFICATE OF ORGANIZATION

FILED EFFECTIVE

	LIMITED LIABILITY COM	T'	7 ZUR JUL 15 PM 4: 35
23	(Instructions on back of application	n)	· · · · · · · · · · · · · · · · · · ·
1.	The name of the limited liability company is:	-	OTATE OF IDAMO
2.	The complete street and mailing addresses of the 865 Pancheri RA Idaho Fall (Street Address)	8 S	nitial designated office: 19 83402
_	(Mailing Address, if different than strest address)		
3.	The name and complete street address of the re-	gi:	stered agent:
	Bryan Brugman 1568 d (Name) (Street Address	<u> </u>	one Dove tolano Falls IB
4.	The name and address of at least one member of company:)r	manager of the limited llability
	Box Revenue 15/18	Ż	Address Days toler toler to (22)
	Bryon Bruman 1568 C Lawry wilde 865 Pan		THE PANE THE THE THE DISTOR
	Lawry wilde 865 fam	1	er Ka Vanhotall ID BSYOZ
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5.	Mailing address for future correspondence (annu	إ	report notices):
	865 Panderi Rd Idaho Fo	-	115 ID 83402
6.	Future effective date of filing (optional):	1	
Sig:	nature of a manager, member or authorized son.		
-		-	Secretary of State Use only
	ed Name: Bryan Bruman		10AHO SECRETARY OF STATE 07/16/2014 05:00
Siar	nature		CK:2060830 CT:172099 BH:1433327
	ed Name:	į	16 100.00 = 100.00 DRGAN LLC #2
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