

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP -3 AM 10: 21

SECRETARY OF STATE

The name of the limited liability	•	
ARMATUR ENT	·	
The complete street and mailing	g addresses of the initial de	esignated/principal office:
(Street Address)	ORD PL. DOISE	I, ID 83705
(Mailing Address, if different than street addre		
The name and complete street	·	ant.
	address of the registered a	gent.
NED N. BARKER	4169 N. Water	S 3703
(Name)	(Street Address)	83703
The name and address of at lea company:	ist one member or manage	
Nets M LANGER	10 06	Address
HED M BANKER Kimbardy C. BAKER	as about	
MINERY C. SHREE		
	· · · · · · · · · · · · · · · · · · ·	
	· ·	
Mailing address for future corres	spondence (annual report r	notices):
4169 A. No fer four	& PL, BUISE, IL	7 83703
Future effective date of filing (op	otional):	
ature of organizer(s). (An organize ; in behalf of a member or members).	r is a member, or is	
al little	g	Secretary of State use only
ature M. C.		
d Name: Neb M Booke		
ature	C. forms	IDAHO SECRETARY OF STA 89/03/2009 05
ature		CK: 1013 CT: 240276 BH: 1

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