

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 21 PM 12: 23

	(Instructions on ba	ion of application		
1.	The name of the limited liability of	company is:	SECRETARY OF STATE STATE OF IDAHO	
	Snake River Investigations & Consulting, LLC			
2.	The complete street and mailing addresses of the initial designated office:			
	6999 Desert Avenue, Boise, ID 83709			
	(Street Address) PO Box 190091, Boise, ID 83719			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Mike Taddicken	6999 Desert A	Avenue, Boise, ID 83709	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company: Name Address			
	Name Mike Taddicken	6000 Decert	6999 Desert Avenue, Boise, ID 83709	
		. .		
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5.	Mailing address for future correspondence (annual report notices):			
	PO Box 190091, Boise, ID 83719			
6.	Future effective date of filing (opti	ional):		
_	nature of a manager, member	or authorized		
he	son.	ſ	Secretary of State use only	
Signature Mile Anglicken			IDAHO SECRETARY OF STATE	
			04/21/2015 05:00	
ıyp	ped Name: Mike Taddicken		CK:CASH CT:309292 BH:1471989 16 100.00 = 100.00 ORGAN LLC	
			TO TOO. OO - TOO. OO DECEMBER 1710	

W150714

Signature _____

Typed Name: