

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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SECRITE OF YOUR ATTE	•

Maria and Section 1	(mstructions on ba	ck of application)	SECTION .
1. The name	of the limited liability c	ompany is:	STATEOFICASIONE
2. The comp	lete street and mailing a 100 West, Rupert, ID 83350		designated office:
(Street Addre	955)		
(Mailing Addr	ress, if different than street address	)	
3. The name	and complete street ad	dress of the registered	agent:
Skye Pete	rson	484 South 100 West, F	Rupert, ID 83350
(Name)		(Street Address)	
4. The name company:	and address of at least	one member or manag	ger of the limited liability
	<u>Name</u>		<u>Address</u>
Skye Pete	rson	484 South 100 West, F	Rupert, ID 83350
	dress for future corresp 100 West, Rupert, ID 83350	•	notices):
6. Future effe	ective date of filing (option	onal):	
signature of erson.	a manager, member o	or authorized	
	halle		Secretary of State use only IDAKO SECRETARY OF STATE
Signature			11/27/2015 05:00
yped Name:/	Skye Peterson		CK:5638 CT:304113 BH:15020 3 100.00 = 100.00 ORGAN LL
ignature			
Vned Name		•	

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