

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JAN 20 AM 11: 08

(Instructions on back of application)

1. The name of the limited liability		SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailin 405 8TH AVE BUHL, ID 83316	· · · · · · · · · · · · · · · · · · ·	e initial designated office:
(Street Address)		
(Mailing Address, if different than street add	iress)	
The name and complete stree	t address of the reg	gistered agent:
BRIAN HOSMAN	405 8TH AVE BUHL, ID 83316	
(Name)	(Street Address)	
The name and address of at le company:	east one member o	r manager of the limited liability
Name	Address 405 8TH AVE BUHL, ID 83316	
BRIAN HOSMAN	403 BITTAVE	BOIL, ID 65310
5. Mailing address for future corr 405 8TH AVE BUHL, ID 83316	espondence (annu	al report notices):
10001111112 20112, 12 00010		
6. Future effective date of filing (optional):	
Signature of a manager, memb	er or authorized	
person.	,	Secretary of State use only
Signature Allin		IDANO SECRETARY OF STATE 01/20/2015 05:00
Typed Name: BRIAN HOSMAN	<u> </u>	CK: 6337 CT: 305342 BH: 1457777 1@ 100.00 = 100.00 ORGAN LLC #2
Signature		14111111111
Typed Name:		W146767