

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 MAR -4 AM 8: 41

1. The name of the limited liability company is	
Pete Bucher Enterp	rcises, LLC SEUNCIAM UTDIALE
2. The complete street and mailing addresses of	of the initial designated office:
22843 Buckirk Dr.	
(Mailing Address, if different than street address)	644
3. The name and complete street address of the	e registered agent:
Rete Bucher 228 (Name) (Street Ac	43 Buskirk Dr.
The name and address of at least one memb company:	er or manager of the limited liability
<u>Name</u>	<u>Address</u>
Pete Bucher Sa	me as above
Pete Bucher Sa Phone (907) 252-8440	
5. Mailing address for future correspondence (a	nnual report notices):
Same as above	
6. Future effective date of filing (optional):	
Signature of a manager, member or authoriz person.	
Signature MM	Secretary of State use only
Typed Name! Peter J. Bucher 3-3-20	14
Signature	IDAHO SECRETARY OF STATE 03/04/2014 05:00 CK: 14832109865 CT: 293782 BH: 1413439
Typed Name:	1 @ 108.00 = 100.00 ORGAN LLC # 2

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