

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY SEP -6 AM 9: 13

CE TO	(Instructions or	n back of application)
1.	The name of the limited liabil	ity company is: SECRETARY OF STATE STATE OF IDAHO
		McCoy And Sons LLC
2.	The complete street and mailing addresses of the initial designated office:	
	112 Lynn Lane, Harpster, ID 8355	
	(Street Address)	
	(Mailing Address, if different than street ac	ddress)
3.	The name and complete street address of the registered agent:	
	Alvin McCoy	112 Lynn Lane, Harpster, ID 83552
	(Name)	(Street Address)
	company: Name Alvin McCoy	Address 112 Lynn Lane, Harpster, ID 83552
	AIVIN MICCOY	112 Lynn Lane, Harpster, ID 83552
5.	Mailing address for future correspondence (annual report notices):	
٥.	Alvin McCoy, 112 Lynn Lane, Harpster, ID 83552	
6.	Future effective date of filing	(optional):
Sig	nature of a manager, meml	per or authorized
per	son.	Secretary of State use only
Sia	nature ///	
_	ned Name: Alvin McCoy	
יאָרי	ou Harre.	
Sig	nature	IDAHO SECRETARY OF STATE
Тур	ed Name:	CK: 20200000000 5015 05 100
		1 a 20 co . 100 UU ORSAN LIC # 2

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