

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

LIDEC 30 AM O.

	(Instructions on ba	ack of application)
1.	The name of the limited liability of	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated office:		
_,	170 W. Main Street, Rigby ID 83442	
	(Street Address) P.O. Box 813, Rigby ID 83442	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Lesley M. Mercill	170 W. Main Street, Rigby, ID 83442
	(Name)	(Street Address)
4-	The name and address of at least one member or manager of the limited liability company:	
	Name	<u>Address</u>
	Lesley M. Mercill	6496 W. 3200 S. Rexburg, ID 83440
	***	
5	Mailing address for future corresp	oondence (annual report notices):
<b>U</b> .	6496 W. 3200 S. Rexburg, ID 83440	portable (arrival report riotions).
	was a strong in watto	
6.	6. Future effective date of filing (optional):	
_	nature of a manager, member son.	or authorized
-	$\mathcal{H}_{10}$ $\mathcal{H}_{10}$	Secretary of State use only
_	nature V V ) ped Name: Lesley M. Mercill	
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Sia	nature	IDAHO SECRETARY OF STATE 12/30/2011 05:00
	ped Name:	CV - 1075 PT - 0/5/15 941 - 4989994

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