

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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	(Instructions on back	of application)	OF OUT A DIV OF OUR
1.	The name of the limited liability company is:		SECRETARY OF STA STATE OF IDAHO
	BACK ACHERS	S FAMILY PARTNERSHIP LLC	
2.	2. The complete street and mailing addresses of the initial designated office: ROUTE 2 BOX 91B POCATELLO, IDAHO 83202 (Street Address)		
	(Mailing Address, if different than street address)		<u></u>
3.	The name and complete street address of the registered agent:		
	CARLENE MCDOUGAL (Name)	ROUTE 2 BOX 91B Pocatello, Idah (Street Address)	no 83202
4.	The name and address of at least or company:		imited liability
	Name ERIN BINGGELI	Address RT 2 BOX 91 A CHUBBUCK, IDAH	HO 83202
	JARETH MCDOUGAL	RT 2 BOX 91 A CHUBBUCK, IDAHO 83202	
	NICHOLE BINGGELI	1387 SEDERO POCATELLO, IDAI	HO 83204
	RILEY CALLANTINE	1387 SEDERO POCATELLO, IDH	AO 83204
5.	Mailing address for future correspon 14353 W CHUBBUCK RD POCATELLO,		
6.	Future effective date of filing (options	al):	
per Sig	nature of a manager, member or son. nature		of State use only
۵.			TOTAL OF STATE

IDAHO SECRETARY OF STATE

88/20/2012 85:808

CK: 1184 CT: 273453 BH: 1336573
1 9 180.80 = 198.80 ORGAN LLC # 2

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Typed Name: ERIN BINGGELI

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