

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 APR 15 PM 1: 20

1. The name of the limited	SECRETARY OF STATE anagement LEATE OF IDAHO			
2. The complete street and		ne initial desi		-
(Street Address)				-
(Malling Address, if different than s	treet address)			-
3. The name and complete	•	egistered age	ent:	:
Aaron Belk (Name)	593 Car (Street Address			
4. The name and address of company:	of at least one member	or manager	of the limited liability	
Name		Address		
Aaron Belk	59	593 Caribou st. Apt A, Rigby ld 83442		
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		<u>,</u>		
5. Mailing address for fut ur	e correspondence (ann 593 Caribou St apt A, R		otices):	
6. Future effective date of t	filing (optional):			er e degle e e e
Signature of organizer(s). (An		1		
acting in behalf of a member or me	enibers).	9	Secretary of State use only	·.
Signature Assure	selle	1	•	
Гуреd Name:A	aron Belk	ptiometile forestoer or Je PMD Revised 07/2006		
Signature		M 07/2	easie seaterable of	CTATE
		Revise	IDANO SECRETARY OF @4/15/2010 (CK: 9682 CT: 246009 BH	SINIE 8 5 = 80 : 1217871