

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 MAY 28 AM 8: 37

Wir of	(Instructions on back of application	SECRETARY OF STATE STATE OF IDAHO
1. TI	he name of the limited liability company is:	SAME OF THE STATE
	Lucky Woodworking Loc	initial decimated/principal office:
2. T	he complete street and mailing addresses of the	1
((Street Address) Rocklers Way Caldwell, I	D \$360FF
7	(Mailing Address, if different than street address)	
3. Ti	he name and complete street address of the reg	istered agent:
7	(Name) In Angleson S317 T (Street Address)	Barkley Way, Caldwell, ID 85607.
	he name and address of at least one member or ompany:	manager of the limited liability
-	Mame SSIY R	Address Cappell, TD 8280.7
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5. N	Mailing address for future correspondence (annua	al report notices):
	5317 Backley Way Calowell, ID	<u> १३६०च</u>
	(4)	
6. F	uture effective date of filing (optional):	
	ature of organizer(s). (An organizer is a member, or is	
acting	in behalf of a member or members).	Secretary of State use only
Signa	ature Adu	Na Salana
_	d Name:	주 2
•	V Jacker	g Eg Eg Train opportage de etate
Signa	ature	ES IDAHO SECRETARY OF STATE 25 05-28/2016 05 # 00
_	d Name:	IDAHO SECRETARY OF STATE OSCILLO OSCI
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