

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 SEP 26 AM 8: 47

120 \$	(Instructions on back of application)
1.	The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO
	Exporti 111
2.	The complete street and mailing addresses of the initial designated office:
	Street Address) Maple Dr. Bexburg ID 83440
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Are Merril 542 Maple Dr Revourg, ID 43440 (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:
	Name Address
	Chase Lewis Z31 Millhollow Rd. Korburg, ID
	<u> </u>
5.	Mailing address for future correspondence (annual report notices):
	547 Maple 12. Kexburg ID 83440
6.	Future effective date of filing (optional):
Sign	nature of a manager, member or authorized
μ	Secretary of State use only
Sign	nature
Тур	ed Name: CK:1745 CT:289944 BH:1442951
O:	16 100.00 = 100.00 ORGAN LLC
	nature Charles ()
ıур	ed Name: Chase Lewis

W142629