

Signature V.

Typed Name: VEREVNN

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back of application) 09 APR 15 AM	17
1.	The name of the limited liability company is:  SECRETARY OF ID  STATE OF ID	
2.	The complete street and mailing addresses of the initial designated/principal offic 511 6th Av2, 12, 12, 12, 12, 13, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	e:
•	(Malling Address, if different than street address)	
- 3.	The name and complete street address of the registered agent:    Varyon Nobs   205 Ruth Ln, Nampa, TD	83686
4.	The name and address of at least one member or manager of the limited liability company:	
	Elzine Ellis 1330 N Cliff Creek Pl., Meric Verlynn Nobbs 205 Ruth Ln, Nampa	LENTOS DD8362
5.	Mailing address for future correspondence (annual report notices):  511 12th Ave.Rd., Nampa, TD 83651	
6.	Future effective date of filing (optional):	<del></del>
	gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).	
_	gnature Elaine Ellis  Secretary of State use only	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Tvn	ped Name: 5/20 NO FILIS	w

IDAHO SECRETARY OF STATE
04/15/2009 05:00
CX: 7821 CT: 236147 BH: 1166832
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