

Typed Name:

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

09 AUG 12 AM 8: 36

(Instructions on back of application)

SECRETARY OF STATE

1.	The name of the limited liability compar	nv is	STATE OF IDAHO	)
••	THE SWING	-	CTORYLLC	
2.	The complete street and mailing address			<u></u>
	511 N. Robinson Blvd., Nampa, ID 83687			
	(Street Address)	· · · · · ·		
	(Mailing Address, if different than street address)		•	
3.	The name and complete street address of the registered agent:			
	NICHOLAS LÍNFORD	511 N	N. Robinson Blvd., Nampa, ID 83687	
	(Name) (S	Street Address	3)	• • • • • • • • • • • • • • • • • • •
4.	The name and address of at least one recompany:	member (	· · · · · · · · · · · · · · · · · · ·	
	NICHOLAS LINFORD	<u>Address</u> 511 N. Robinson Blvd., Nampa, ID 83687		
	- And and Andrews and Andrews			
	SCOTT HALL	511 N. Robinson Blvd., Nampa, ID 83687		
				<del></del> .
	· · · · · · · · · · · · · · · · · · ·			
5.	Mailing address for future corresponder 5/1 N. Ko BINSON BUD.		al report notices): 4 D 83687	
6.	Future effective date of filing (optional):	·		u de la companya de l
				, (.) , (m)
_	nature of organizer(s). (An organizer is a med ig in behalf of a member or members).	mber, or is		
acui	ig in behalf of a member of members).	/	Secretary of State use only	
Sigi	nature / / /	<b>≯</b>	Na Paragraphic	
_	ed Name: NICHOLAS LINFORD		0.0	
•	nature		IMAHO SECRETARY  90021.0 Posive  CK: 5961 CT: 167227  1 9 166.80 = 196.80	OF STATE 9 045 x 034 BH: 118254 ORGAN LLC

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