

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE 6

11	(Instructions on L	ack of application)	
1.	The name of the limited liability company is:		SECT: SY OF STAT
		Varial, LLC	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office:  151 Brook Trout Dr		
	(Street Address) Victor, Idaho 83455		
3.	(Mailing Address, if different than street address)  The name and complete street address of the registered agent:		
	Matthew Hutchinson	151 Brook Trout Dr Victor, Idaho 83455	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Matthew Hutchinson	151 Brook Trout Dr Victor Idaho, 83455	
	Chandler Hutchinson	151 Brook Trout Dr Victor Idaho, 83455	
•	Mailing address for future corres	• • • • • • • • • • • • • • • • • • • •	notices):
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•	Future effective date of filing (op	uonai).	· · · · · · · · · · · · · · · · · · ·
_	nature of a manager, member	or authorized	
51 <b>2</b>	son.		Secretary of State use only
	nature (Ind.)		was a
/p	ed Name: Matthew S. Hutchinson	<u> </u>	
igr	nature lengther les	slunge	IDANO SECRETARY OF STATE

Typed Name: Chandler Hutchinson