

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 11 FEB -7 PM 12: 35

(Instructions on back of application)

SECTION Y OF STATE

1.	The name of the limited liability con	npany is:
	-	CAS IRA, LLC
2.	The complete street and mailing addresses of the initial designated/principal office: 506 6th Street, Rupert, Idaho 83350	
	(Street Address) P.O. Box 513, Rupert, Idaho 83350	
	(Mailing Address, if different than street address)	
3.	he name and complete street address of the registered agent:	
	Curtis A. Stoker	506 6th Street, Rupert, Idaho 83350
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	Curtis A. Stoker (Manager)	P.O. Box 513, Rupert, Idaho 83350
5.	Mailing address for future correspondence (annual report notices):	
	Curtis A. Stoker, P.O. Box 513, Rupert, Idaho 83350	
6.	6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.		
-	nature (5)	Secretary of State use only
	ped Name: Curtis A. Stoker, Manager	
- •	•	
Sig	nature	
Typed Name: 1 @ 199.90 = 189.00 ORGAN LLC # 2		