

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

ILAPRII AM 8:44

	(Instructions on ba	ck of application)
1.	The name of the limited liability of	sompany is: SECREL MY OF STATE STATE OF IDAMO
2.		addresses of the initial designated/principal office:
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:	
	Daclynn S. Johnson (Name)	1218 9th St., Suite 10, Rupert, Idaho 83350 (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address.
	Daclynn S. Johnson	1218 9th St., Suite 10, Rupert, Idaho 83350
	Allen Douglas Tuma	251 North, 200 West, Rupert, Idaho 83350
5.	Mailing address for future corresponding 1218 9th St., Suite 10, Rupert, Idaho 83	
6.	Future effective date of filing (optional): N/A	
Sigr pers	nature of a manager, member of \mathcal{I}	or authorized
Туре	ature Dacigning Johnson	Secretary of State use only
	ature 4000 1002	IDAHO SECRETARY OF STATE 94/11/2011 05:00
I ype	ed Name: Allen Douglas Tuma	CK: 9115 CT: 257627 BH: 1268553