	TE OF ORGANIZATION	FILED EFFECTIVE
	LIABILITY COMPANY	2014 APR -4 AM 8: 1
(Instructi	ons on back of application)	OFFICE-
1. The name of the limited	d liability company is:	SEQREMANDERSTATI
Ranger Recl		STATEOFOLIO
	d mailing addresses of the initial desi	gnated office:
.	yton street North Twin F	
(Mailing Address, if different than	street address)	
3. The name and complete	e street address of the registered age	ent:
- 1 1 1	and in a	1A 11
(Name)	(Street Address)	rhfield, ID 83301
	of at least one member or manager	of the limited liability
4. The name and address	of at least one member or manager	of the limited liability
company: Name	Ad	ldress
Jordan Angles		chfield, ID 8334
Kulo Lance		
Fyle Glause	- JUX Washingto	n st N Twin Falls, ID83
· · · · · · · · · · · · · · · · · · ·		
C. Malling address for first		M =
-	re correspondence (annual report no	
30x Washingto	on st N Twin Falls, ID	83301
6. Future effective date of	filing (optional):	
	<u> </u>	
Signature of a manager,	member or authorized	
person.	~ 4.8	Segratory of State upp anti-
Signature the of		Secretary of State use only
Signature mount	An chain	
Typed Name: Dordan		
Signature Kryle De		IDAHO SECRETARY OF STATE
Typed Name: Kule Gra	ст <u>с</u>	04/04/2014 BH: 141868
Typeu Maine. <u>NULE Old</u>		205548383686 CT: 233LL 1 0 100.00 = 100.00 ORGAN LLC # 2
1/2012	cert_org_lic Rev. 07/2010	11121.272
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