

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 APR 18 PM 12: 48

	AFAAFTAAN
1. The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
<u> </u>	
2. The complete street and mailing addresses of the 3500 E. Brenan Dr. (Street Address) Nampa 1D 83686	e initial designated office:
(Mailing Address, if different than street address)	
3. The name and complete street address of the re	gistered agent:
G. Allen Kenner 3500 (Street Address	Brenan Dr.
4. The name and address of at least one member of company:	or manager of the limited liability
G. Allen Kenner 350	O Brenan Dr.
5. Mailing address for future correspondence (annual 3506 E. Brenan Dr. Nampa	그 그는 이 경기를 가고 있는 것도 되었으면 하는 것이 되었다. 그는 그는 그 얼마를 가장하다.
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
Signature Typed Name: G. Allen Kennes	IDAHO SECRETARY OF STATE 04/18/2014 05:00 CK:1060 CT:295868 BH:1420952 16 100.00 = 100.00 ORGAN LLC #
Signature	W136912