

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2012 NOV 16 AM 9: 02

W119109

1.	The name of the limited liability comp	any is:	SECRE LAY OF STATE	
	All In	Management LLC	STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated/principal office:			
	52010 Highway 200, Hope, ID 83836			
	(Street Address) P.O. Box 345, Hope, ID 83836			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Mitchell A. Martin		200, Hope, ID 83836	
	(Marie)	(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>	
	Mitchell A. Martin	P.O. Box 345	P.O. Box 345, Hope, ID 83836	
		<u> </u>		
5.	Mailing address for future			
Ų.	Mailing address for future corresponde		tices):	
	P.O. Box 3	345, Hope, ID 83836		
6.	Future effective date of filing (optional):			
Sign	nature of organizer(s). (An organizer is a me	mber, or is		
acting	g in behalf of a member or members)			
Sign	nature Mithel a Hartin	CorpVorms\LLC forms\cert_org_llc.PMD Revised 07/2008	Secretary of State use only	
	ed Name: Mitchell A. Martin	- Buo		
•		ns/cerl		
Sign	ature	07/200		
Typed Name:		wised vised	IDAHO SECRETARY OF STATE 11/16/2012 05:00	
, i -		Corplif Re	CK: 1368 CT: 276328 BH: 1347982	