

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

	CERTIFICATE OF O	
W.	(Instructions on back	of application)
1.		
2.	The complete street and mailing addresses of the initial designated office: 738 Bitterroot Ct. Nampa, ID \$3686  (Street Address)	
	(Mailing Address, if different than street address)	
3.	he name and complete street address of the registered agent:	
	Douglas B. Holly	738 Bitterroot Ct. Nampa, ID
	(Name)	(Street Address)
The name and address of at least one member or manager of the limi company:		·
	<u>Name</u> Kolton D. Elmore	Address 8259 Lakeshore Dr. Namp, ID \(\sigma 2! \) \(\sigma 6\)
	Douglas B. Holly	0 00
		738 Bitterroot Ct. Nampa, ID 83680
5.	Mailing address for future correspondence (annual report notices): 738 Bitterroot Ct. Nampa, ID \$3486	
6. Future effective date of filing (optional):		
	natu <b>re</b> of a manager, member or a son.	authorized 
Signature File Course		
Typed Name: Kolton D. Elmore		

IDAHO SECRETARY OF STATE 26/07/2013 25:20 CK: 184 CT: 284847 BH: 1377116 1 8 188.88 = 188.88 ORGAN LLC # 2