

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

FILED EFFECTIVE

2815 HAR -5 AM 8: 45

	(instructions on t	back of application	•	
. The name of	the limited liability	company is:	\$	STATE OF IDA
League of Nat	_			
•	e street a <b>//id</b> mailing occasin, Pocatello, ID 8	=	initial designated office	•
(Street Address)				
(Mailing Address,	if different than street addre	ess)		<del></del>
3. The name an	nd complete street	address of the reg	istered agent:	
Leilani C. Freeman		Rt 6 N 684 Mo	Rt 6 N 684 Moccasin, Pocatello, ID 83202	
(Name)		(Street Address)		
Leilani C. Free	Name Leilani C. Freeman		Address  Rt 6 N 684 Moccasin, Pocatello, ID 83202	
Louis Archuleta		Rt 6 N 684 Mo	Rt 6 N 684 Moccasin, Pocatello, ID 83202	
Bryson Calico		Rt 6 Box 423,	Rt 6 Box 423, Pocatello, ID 83202	
Hanner Hart		Rt 2 Box 86, Pocatello, ID 83202		
		-		
5. Mailing addre	ess for future corres	spondence (annua	l report notices).	
	occasin, Pocatello, ID 8		, ropost nonocoj,	
6 Future effecti	ve date of filing (or	ational):		. <del></del>
. I utule ellect	to date or ming (of	Juvilai)		<del></del>
Signature of a reperson. /	manager member	r or authorized		
	( )	. J	Secretary of State	-
Signature	The we			TARY OF STATE : 015 05:00
yped Mame: Le	ilani/C. Freeman		CK:193380 CT:30	35730 BH:146
Signature	·		16 100.00 - 100	. o o o casan iii
Typed Name:			,	10101

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