

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2013 MAY 15 PM 3: 37

	(Instructions on back of application) SECRETARY OF STATE OF IDAHO The name of the limited liability common is:
1.	The name of the limited liability company is:
2.	The complete street and mailing addresses of the initial designated office: 47.5 Rowell Nr. (Street Address) Bot Set T & 83703 (Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	STEVE RAY (Name) 5145 N. LIVERPOOL BOISE FOR (Street Address) 93714
	The name and address of at least one member or manager of the limited liability company:
	Matthew Costa 4715 Rowall Ar. Boise Tyra Sins 4715 Rowell Ar. Boise CYNDY RAY 5145 N. Liverpool Boise
5.	Mailing address for future correspondence (annual report notices): 4715 Rowell Dr. Boise, ID 83703
6. I	Future effective date of filing (optional):
Sign pers	
_	ature Secretary of State use only
1 ype	ed Name: Tyra SIMS
_	ature IDAHO SECRETARY OF STATE 95/15/2013 95:99 ed Name: CK: 4788 CT: 283196 BH: 1374825 CK: 4788 CT: 283196 BH: 1374825
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