

Signature Muchelle of

Michelle Ray

Typed Name: \_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 17 PM 2: 14

1.	The name of the limited liability company is:		SECRETARY OF STATE
	·	SMCME Holdings LLC	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office:  3149 West Divide Creek Dr. Meridian, ID 83646		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Spencer D. Ray	3149 W. Divide Creek	Dr. Meridian, ID 83646
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:  Name Address		
			dress
	Spencer D.Ray	3149 West Divide Creel	CDr. Meridian, ID 83646
	Michelle Ray	3149 West Divide Creek	Dr. Meridian, ID 83646
,			
5.	Mailing address for future correspo 3149 West Div	ndence (annual report noti ride Creek Dr. Meridian, ID 836	
6.	Future effective date of filing (option	nal):	
Sign acting	ature of organizer(s). (An organizer is a in behalf of a member or members).	<b>a</b>	coordings of State was a
Sign	ature S		ecretary of State use only
_	ed NameSpencer D. Ray	Control of Re. Phys.	

IDAHO SECRETARY OF STATE
10/17/2008 05:00
CK: 162765 CT: 172899 BH: 1148631
1 8 188.80 = 188.80 ORGAN LLC # 2

W78513