

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Ins	tructions on back of applicatio	n) 121117-8 #118:52	
1. The name of the i	imited liability company is:	SECRETARY OF STATE STATE OF IDIA IO	
	Mike Bowie, LL		
ŕ	et and mailing addresses of the	e initial designated office:	
(Street Address)	e St, Eagle, ID 83616		
(Street Address)			
(Mailing Address, if different	ent than street address)		
. The name and cor	mplete street address of the re	gistered agent:	
Mike Bowie	2074 W Pacit	2074 W Pacifc Ridge St, Eagle, ID 83616	
(Name)	(Street Address	(Street Address)	
company:	ame	or manager of the limited liability  Address	
Mike Bowie	2074 W Paci	2074 W Pacifc Ridge St, Eagle, ID 83616	
	·		
-			
	·		
Mailing address fo	r fisture correspondence (appu	al report petions):	
	r future correspondence (annu	arreport nouces).	
20/4 W Pacific Ridge	e St, Eagle, ID 83616		
<b>5</b> 4 <b>6</b> 1	4 660 / C D		
. Future eπective da	te of filing (optional):		
•			
-	ger, member or authorized		
erson.	1	Secretary of State use only	
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ignature Wille Ben	<u></u>		
yped Name: Mike Bow	<u>//e</u>	IDANO SECRETARY OF STATE	
_		05/08/2012 05:00 CK: 3188 CT: 270178 BH: 1323261	
ignature		1 9 100.00 = 100.00 ORGAN LLC # 2	
vned Name:			

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