

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

2016 NOV 10 AM 9: 42

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in duplicate.

(Remember to include in	e words "Limited Liability Company,	" "Limited Company," or the abbreviations L.L.C., LLC, or LC)	
The complete street and n	nailing addresses of the pr	incipal office is:	
3730 Stonehaven Dr., Am	mon, ID 83406		
(Street Address)			
(Mailing Address, if different)			
The name of the registere	d agent and the street add	ress of the registered agent:	
Don Spafford	3730 Stonehaven Dr., Ammon, ID 83406		
(Name)	(Address cannot be a post office box or postal mail box.)		
The name and address of	at least one governor of the	e limited liability company:	
Don Spafford	3730 Stonehaven Dr., Ammon, ID 83406		
(Name)	(Address)		
Maria Spafford	3730 Stonehaven Dr., Ammon, ID 83406		
(Name)	(Address)		
(Name)	(Address)		
(Name)	(Address)	(Address)	
Malling address for 6 done			
Mailing address for future	•	epon nouces).	
3730 Stonehaven Dr., Am	mon, ID 83406		
(Address)			
ature of organizer(s).	//		

CK:184 CT:331072 BH:1554686 10 100.00 = 100.00 ORGAN LLC #2

W174141

Printed Name:

Maria Spafford

Signature: