401



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 APR 21 PH 42 12

CE E OF	(Instructions of	n back of application	on)	
1. The nam	e of the limited liabil		SECRETARY OF STATE	
	operties LLC	OLVIE OF IDAHO		
	plete street and mail Voodruff Ave, Idaho Falls	_	ne initial designated office:	
(Street Add	ress)			
(Mailing Ad	dress, if different than street a	ddress)		
3. The nam	e and complete stree	et address of the re	egistered agent:	
Jayce Howell		2345 N Woo	2345 N Woodruff Ave, Idaho Falls, ID 83401	
(Name)	(Name)		(Street Address)	
4. The nam		least one member	or manager of the limited liability	
<u>Name</u> Jayce Howell		224E N 18/00	Address 2345 N Woodruff Ave, Idaho Falls, ID 83401	
				
				
				
			•	
	iddress for future cor Noodruff Ave, Idaho Falls		ual report notices);	
2040 N V	Woodruii Ave, idano Fais	s, 1D 63401		
C. Eutopo of	Saatium datu us siilaa	(makisanah).		
o. Fulule el	ffective date of filing	(optional):		
	e			
erson.	f a manager, memi	per or authorized		
			Secretary of State use only	
ignature	Jayce Howell		IDAHO SECRETARY OF STATE	
yped Name	•		04/22/2015 05:00	
ionature			CK:2771412 CT:172099 BH:14721: 16 100.00 = 100.00 ORGAN LLC	
yped Name:			W150719	
A Fig. 1. Section 2. Company of the			~~ (~ · · · · · · · · · · · · · · · · ·	