



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

12 MAR 29 AM 9:55

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Clover, LLC

2. The complete street and mailing addresses of the initial designated office:

805 N. 3rd St. McCall, ID 83638

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Toni Dusho

(Name)

805 N. 3rd. St. McCall, ID 83638

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Toni Dusho

13366 N. 8th Ave Boise, ID 83714

5. Mailing address for future correspondence (annual report notices):

805 N. 3rd. ST. McCall, ID 83638

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Toni Dusho  
Typed Name: Toni Dusho

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/29/2012 05:00  
CX: 946402 CT: 172099 BH: 1317366  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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