

FILED EFFECTIVE  
SECRETARY OF STATE  
STATE OF IDAHO



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAR 23 AM 9:58

(Instructions on back of application)

1. The name of the limited liability company is:

L & A Miller Business's LLC

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

229 East 1st North, St. Anthony, ID 83445

(Street Address)

(Mailing Address, if different than street address)

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

Logan S. Miller

(Name)

229 East 1st North, St. Anthony, ID 83445

(Street Address)

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

**Name**

**Address**

Logan S. Miller

229 East 1st North St. Anthony, ID 83445

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

229 East 1st North, St. Anthony, ID 83445

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

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03/23/2015 05:00

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