

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)0140CT -7 AM 8: 38

1. The name of the limited liability com	SIAICOLINA	
2. The complete street and mailing add	dresses of the initial designated office:	
(Street Address) PO Box 117 Malta, ID 8334	32	
(Mailing Address, if different than street address)		
3. The name and complete street addr	ess of the registered agent:	
Brandon Smith	155 W 2nd N Malta ID 83342	
(Nагне)	(Street Address)	
company: <u>Name</u>	ne member or manager of the limited liability Address	
Brandon Smith	PO Box 117 Malta, ID 83342	
Jill Smith	PO Box 117 Malta, ID 83342	
Mailing address for future correspor	ndence (annual report notices):	
PO Box 117, Malta,ID 83342	,	
6. Future effective date of filing (option Signature of a manager, member or		
person.	Secretary of State use only	
Signature	10AHO SECRETARY OF STAT 10/07/2014 05:00 CK:1035 CT:301927 BH:14 10 100.00 = 100.00 ORGAN	D 44315
Signature		ALLE TO
Typed Name:		

cert_org_flc Rev. 07/2010