

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 25 PM 3: 03

1.	The name of the limited liability com	pany is: STATE OF IDAHO
Seay Solutions, LLC		
2. The complete street and mailing addresses of the initial designated/principal office 4887 Umatilla Ave Boise, ID 83709		, ,
	(Street Address)	Same
	(Mailing Address, if different than street address)	
3.	he name and complete street address of the registered agent:	
	J. Dale Seay	4887 Umatilla Ave Boise, ID 83709
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	J. Dale Seay	4887 Umatilla Ave Boise, ID 83709
5. Mailing address for future correspondence (annual report notices): P.O. Box 44706 Boise, ID 83712-0706		
6. Future effective date of filing (optional):		
	nature of organizer(s). (An organizer is a n	
Signature		Secretary of State use only
Тур	ed Name:	Thoug serpetable or order
Sig	nature	IDAHO SECRETARY OF STATE ### Page 100.00 = 100.00 ORGAN LLC #

Typed Name: ____

W94439