

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 10 MAR -8 AM 8: 44

(Instructions on back of application)

SECRETARY OF STATE

	ng addresses of the initial designated/principal office:
	E LOCUST LN, NAMPA, ID 83686
(Street Address)	
(Mailing Address, if different than street add	ress)
The name and complete street	address of the registered agent:
JAMES D ARMSTRONG	1122 E LOCUST LN, NAMPA, ID 83686
(Name)	(Street Address)
The name and address of at le company:	ast one member or manager of the limited liability Address
JAMES D ARMSTRONG	1122 E LOCUST LN, NAMPA, ID 83686
GWENNETH L ARMSTRONG	1122 E LOCUST LN, NAMPA, ID 83686

·	
	espondence (annual report notices):
1122	E LOCUST LN, NAMPA, ID 83686
Future effective date of filing (o	ntional)
on out of any (o	F
gnature of organizer(s). (An organiz	er is a member, or is
ing in behalf of a member or members)	
//	Secretary of State use only
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gnature James D ARMS	TRONG (1,Q1)
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GWENNETH L ARMSTRONG