

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 APR 11 AM 9: 17

The second secon	to the second se	A CONTRACTOR OF THE CONTRACTOR	
1. The name of the limited liabil	ity company is:	NUKLAH OF STA	
MAYS ENTERPRISE, LLC		STATE OF IDAYO	
2. The complete street and mai! 255 N KAREY LANE, IDAHO FAL		designated office:	
(Mailing Address, if different than street ad	ddress)		
3. The name and complete stree	et address of the registered	d agent:	
SHANE MAYS	255 N KAREY LANE,	255 N KAREY LANE, IDAHO FALLS, ID 83402	
(Name)	(Street Address)	(Street Address)	
company: Name SHANE MAYS	255 N KAREY LANE,	Address IDAHO FALLS, ID 83402	
		Maria	
<u> </u>	gA consubusti ga:		
tion Care		·····	
12 2 2 2 4			
5. Mailing address for future cor 255 N KAREY LANE, IDAHO FAL	,	ort notices):	
6. Future effective date of filing	(optional):		
Signature of a manager, memb	per or authorized		
person.		Secretary of State use only	
Signature ///			
Typed Name: SHANE MAYS			
		TRAUG CEMPETARY OF STATE	

IDAHO SECRETARY OF STATE

94/11/2014 05:00

CK: 205518011391 CT: 295539 BH: 1419757

1 0 100.00 = 100.00 ORGAN LLC # 2

W136645

Signature ____

Typed Name: