

CERTIFICATE OF ORGANIZATION

	(Instructions on back of application) The name of the limited liability company is:
	(Instructions on back of application) The name of the limited liability company is:
1.	The name of the limited liability company is:
2.	The complete street and mailing addresses of the initial designated office:
	(Street Address) Lewiston, Id. 8350
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:
	Douglas Ryker 633 Park Ave., Lewiston, Id. 83501 (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:
	Name Address
	Denvis Hadley 2145 N.E. Rodney Ave, FTH 0.97212
5.	Mailing address for future correspondence (annual report notices):
	633 Park Avenue, Lowiston, Id. 8350
6	
0.	Future effective date of filing (optional):
_	nature of a manager, member or authorized son.
рсп	Secretary of State use only
•	nature Dennes Hadley
Гур	ed Name: Dennis Hadley
Sig	nature IDAHO SECRETARY OF STATE
	ped Name: 04/12/2013 05: CK: 186 CT: 281844 BH: 136

04/12/2013 05:00 CK: 186 CT: 281844 BH: 1369178 1 0 100.00 = 100.00 ORGAN LLC # 2

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