

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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11	(instructions on back of application)	
1.	The name of the limited liability company is:  SECRETARY OF STATE OF IDAHO	
	HYGIENE TECHNOLOGY, LLC.	
2.	The complete street and mailing addresses of the initial designated/principal office:	
	545 SHOUP AVE SUITE 320	
	(Street Address)  IDA HO FACLS ID 83 YOZ  (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	TAVIER A. ZULETA 525 HICKORY LAL , IDAHO FACES 19 (Street Address)	83402
	(Gileet Audiess)	,
4.	The name and address of at least one member or manager of the limited liability company:	
	Name Address	
	PAQUEL F. STITES 179 FAIRHONT AVE. JOCATELLO 19	9379
		j
5	Mailing address for future correspondence (annual report notices):	
v.	545 SHOUP AVE SUITE 320 . IDANO FALLS ID 83402	
6.	Future effective date of filing (optional):	
_	nature of organizer(s). (An organizer is a member, or is	
actir	ng in behalf of a member or members).  Secretary of State use only	
Qi~	nature At-late late only	
_	nature <u>Javes A. ZVETA</u>	•
ıyμ	FOU MAINE. J. EVEL A.	
Sigi	nature	IE <b>= 90 0</b> 175691

Typed Name: \_\_\_\_\_

1 2 100.00 = 100.00 GROWN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

