

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

	(Instructions on back of application)		COUNTY ON AN SI #2
1. The	e name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	C Enterprises, LLC		
	complete street and mailing ac	dresses of the initi	al designated office:
(Stre	eet Address) na, ID 83634	····	
	iling Address, if different than street address)		
3. The	The name and complete street address of the registered agent:		
Tra	vis Brewer	803 W Lunchbox St	t, Kuna, ID 83634
(Na	me)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
T	<u>Name</u>	Address	
	vis Brewer	803 W Lunchbox St, Kuna, ID 83634	
 5. Ma il	ling address for future correspo	ondence (annual rep	port notices):
803	3 W Lunchbox St, Kuna, ID 83634		.
6. Futu	ure effective date of filing (option	onal):	· · · · · · · · · · · · · · · · · · ·
Signatu person.	re of a manager, member o	r authorized	
	So Bleur		Secretary of State use only
Signatuı Typed N	lame: Travis Brewer		10AHO SECRETARY OF STATE 02/20/2015 05:00 CK:2595786 CT:172099 BH:140 10 100.00 = 100.00 ORGAN LI
Signatu	re		
Typed N	lame:		

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