

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 OCT 14 AM 9: 47

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liabil	lity company is:
IF, L.L.C.	
2. The complete street and mail	ing addresses of the initial designated office:
455 East 17th North, Mountain He	\textsquare \texts
(Street Address)	
(Mailing Address, if different than street a	ddress)
3. The name and complete stree	et address of the registered agent:
George Hicks	455 East 17th North, Mountain Home, Idaho 83647
(Name)	(Street Address)
	least one member or manager of the limited liability
company:	Address
<u>Name</u> George Hicks	455 East 17th North, Mountain Home, Idaho 83647
George Flicks	400 East Printed I Medinal Policy (Section 1)
<del>-</del>	rrespondence (annual report notices):
455 East 15th North, Mountain H	ome, Idaho 83647
6. Future effective date of filing	(optional):
Signature of a manager, mem	ber or authorized
person.	Secretary of State use only
Signature Soyy ( Luy	<b>b</b>
Typed Name: George Hicks	
yped Marie	
Signature	IDAHO SECRETARY OF STAT
Typed Name:	10/14/2014 05:00
ypou manie.	

9/21/2012

cert\_org\_lic Rev. 07/2010

CK:10955 CT:23524 BH:1445023 10 100.00 = 100.00 ORGAN LLC #2

W143/85