251

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2017 HAR 30 PM 2: 17

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in duplicate.

(Remember to include the wo	rds "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and mail 38633 S HWY 3, ST MARIES	ing addresses of the principal office is: SID 83861
(Street Address) 38633 S HWY 3, ST MARIES	210 02004
(Mailing Address, if different)	0 0 0 0 0 1
The name of the registered -	want and the store test of the second
SHAWN N NELSON	gent and the street address of the registered agent:
(Name)	38633 S HWY 3, ST MARIES ID 83861 (Address cannot be a post office box or postal mail box.)
	(1997 22 22 1199 24 & Paor Oringa Box of Postal Mail Box.)
The name and address of at I	east one governor of the limited liability company:
JOHN S NELSON	38633 S HWY 3, ST MARIES ID 83861
(Name)	(Address)
SHAWN N NELSON	38633 S HWY 3, ST MARIES ID 83861
Name)	(Address)
(Name)	(Address)
(Name)	(Address)
Mailing address for future con	respondence (annual report notices):
38633 S HWY 3, ST MARIES	
(Address)	
ture of organizer(s).	
ture: Mauria 1/1	Secretary of State use only
•	IDAHO SECRETARY OF STATE
ed Name: SHAWN N NELSC	
. 1	CK:13123730 CT:172099 BH:157
iture: Mal M/	10 100.00 = 100.00 ORGAN LLC

W180945

Rev. 11/2015

Printed Name:

JOHN S NELSON