

Typed Name:/

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

10 OCT 15 AM 9: 06

	(mode do mode on a department)	OF CTATE
1.	The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
	Nichols Management LLC	
2. The complete street and mailing addresses of the initial designated/principal office		al designated/principal office:
	4524 N. Echo Summit Place (Street Address)	Stor, ID 83669
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Brian Nichols 4524 N. E.ho (Name) (Street Address)	Summit Place, Stor ID 83619
4.	4. The name and address of at least one member or manager of the limited liability company:	
	Brian Nichols 4524 N. Echo	Summit Place, Star ID 83669.
5.	Mailing address for future correspondence (annual re	port notices): Star, ID 83669
6.	. Future effective date of filing (optional):	
_	gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).	
	gnature Blim Michals grant Nichals	Secretary of State use only
Ту	ped Name: Right Nichels	

IDAHO SECRETARY OF STATE

10/15/2010 05:00

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