

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 SEP -1 AM 8: 16

W86599

(Instructions on back of application)

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1. The name of the lin	mited liability company is:	STATE	OF IDAHO
My I E	nterprises, LLC		
2. The complete street and mailing addresses of the initial designated/principal office:			
	lise Blud. N.		
(Street Address) /	ules, Idaho 8330	~ (:
(Mailing Address, if differen		<u> </u>	<u> </u>
The name and complete street address of the registered agent:			
Maurice (Name)	L. Walles 731 Sun (Street Address)	rise Blud N, Twin	Falls
4 The name and add	ress of at least one member o	manager of the limited	liability
company:	oo of at loadt one monitor of		
Na	ne	Address	- 4
lerese a.	Maller 731 Sur	urse Blud N. L	wintalls
		83301	ļ <u>.</u>
5. Mailing address for future correspondence (annual report notices):			
	Blid N. Twin A		83301
7.017			
6. Future effective dat	e of filing (optional):		
• •	S). (An organizer is a member, or is		·
acting in behalf of a member	A	Secretary of State	use only
	E. Walled	MG-DM	!
Typed Name: Mauri	ce E. Wallis	cert_org	
4	-1. 1. 10. 10.	OHACI 270008	SECRETARY OF STATE
Signature Naurice E. Wallis Signature Jerase A. Wallis Typed Name: Terese A. Wallis Typed Name: Terese A. Wallis Terese A. Wallis Typed Name: Terese A. Wallis			
Typed Name: <u>/erese</u>	. a. wans	gg 1 i 100.00 : R	= 100.00 ORGAN LLC N a