	PILED ETTEO
CERTIFICATE OF	
LIMITED LIABILI	
(Instructions on back	k of application)
1. The name of the limited liability co	SIAIF OF IDAMA
ERVIN & T ENTERPRIS	
2. The complete street and mailing a	ddresses of the initial designated/principal office:
3641 JOHN ADAMS P	kay Ammon 10 83406
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street add	dress of the registered agent
ANTATONY. S. ERV MJ.	(Street Address)
4. The name and address of at least	one member or manager of the limited liability
company:	Address.
Anombouy S Epvin	3641 JOHN ADAMS PRILLY AMMOD ID BE
, warmany C. Service	
	t and a transfer
5. Mailing address for future corresp	condence (annual report notices):
3641 JOHN ADAMS HU	WI AMMON ID BELLOW
e Suture effective date of filing (opt	iional):

Signature of organizer(s). (An organizer is a member, or is

acting in behalf of a member or members).

Signature 4 Typed Name: Annthown. S. EKUIN

Signature_ Typed Name: Secretary of State use only