

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 NOV -5 AM 9: 04

W W	(instructions on back t	n application	i) 2011HO1 3 AFT 9: U4	
	ame of the limited liability comp	pany is:	SECRETARY OF STATE STATE OF IDAHO	
1046 (Street PO B	omplete street and mailing add 4 N. Government Way, Hayden, Idaho Address) ox 1694, Hayden, ID 83835 g Address, if different than street address)		e initial designated office:	
3. The n	ame and complete street addre	and complete street address of the registered agent:		
Rock (Name	y Walson	10464 N. Gov (Street Address)	rernment Way, Hayden, ID 83835	
	The name and address of at least one member or manager of the limited liability company:			
Deels	Name	DO Day 4604	Address	
	y Walson 	PO Box 1694, Hayden, ID 83835 PO Box 1694, Hayden, ID 83835		
	g address for future correspond ox 1694, Hayden, ID 83835	lence (annu	al report notices):	
6. Future	e effective date of filing (optiona	d):		
_	of a manager, member or a	authorized		
person. Signature Typed Na	me: Rocky Walson, Member		Secretary of State use only IDAHO SECRETARY OF STATE 11/05/2014 05:00 CK:14238 CT:28218 BH:1448156 16 100.00 = 100.00 ORGAN LLC	

W144034

Signature_____

Typed Name: