

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2015 APR 29 AM 8: 51

100	(Instructions on	back of application)	Edin to 11 -1
	ame of the limited liabilit	y company is:	SECRETARY OF STATE STATE OF IDAHO
		a address of the in	skiel designated office.
	omplete street and mailir Chestnut Street, Troy, Idaho 8	_	ildal designated office.
P.0 E	Address) Box 514, Troy, Idaho 83871 Address, if different than street add	reec)	
	ame and complete street		tered agent:
Shea	Leigh Line	514 Chestnut St	reet, Troy, Idaho 83871
(Name	)	(Street Address)	
f. The na		ast one member or n	nanager of the limited liability  Address
Cody	A Line	514 Chestnut St	reet, Troy, Idaho 83871
			<del></del>
	g address for future corresox 514, Troy, Idaho 83871	espondence (annual i	report notices):
S. Future	effective date of filing (d	optional):	
ignature erson.	of a manager, member	er or authorized	·
	1/	and the second second	Secretary of State use only
yped Name: Cody A Line			1DAHO SECRETARY OF STATE 04/29/2015 05:00 CK:1039 CT:309606 BH:147318
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