

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 SEP 28 AM 8: 49

OCC. STATE	(maddetions on back	or application)	ACCOUNT OF STATE
1.	The name of the limited liability con	npany is:	SECRETARY OF STATE STATE OF IDAHO
	On	nnia Strategies, LLC	
2.	The complete street and mailing add		al designated/principal office:
	(Street Address) P.O. Box 50686, Idaho Falls, ID 83405 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Rebecca L. Noah Casper		Idaho Falls, Idaho 83402
	(Name)	(Street Address)	
4.	The name and address of at least o company:	ne member or ma	nager of the limited liability
	<u>Name</u>		<u>Address</u>
	Rebecca L. Noah Casper	P.O Box 50686, Idaho Falls, Idaho 83405	
5.	Mailing address for future correspor	idence (annual rec	port notices):
	P.O. Box 50686, Idaho Falls, Idaho 83402		
6.	Future effective date of filing (optional):		
_	nature of a manager, member or son.	authorized	
	nature Manual M		Secretary of State use only
Тур	ed Name: Rebecca L. Noah Casper		
Sig	nature		IDAHO SECRETARY OF STATE 09/28/2011 05:00 CK: 1184 CT: 243135 BH: 1292222 1 0 100.00 = 100.00 ORGAN LLC # 2
Тур	ed Name:		TE TOOLDO - TOOLDO (WORK CTC & C

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