

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2012 SEP 20 PM 2: 39 (Instructions on back of application)

The name of the limited liability c	company is:	SECRETARY OF STATE STATE OF IDAHO
1. The hame of the limited habity of	1217 W LLC	" WE OF TOARD
2. The complete street and mailing a	<u> </u>	designated office:
5124 Redbridge Dr. Boise, ID 83703	addresses of the initial	designated since.
(Street Address)		
PO Box 274, Boise, ID 83701 (Mailing Address, if different than street address	<u></u>	
· -		1 agent:
3. The name and complete street ac	Idless of the registered	a agent.
Patricia Letelier	5124 Redbridge Dr, Boise, ID 83703	
(Name)	(Street Address)	
The name and address of at least company:     Name		Address
Patricia Letelier	5124 Redbridge Dr., I	Boise, ID 83703
	,	
5. Mailing address for future corresp	condence (annual repo	ort notices):
PO Box 274, Boise, ID 83701		<u> </u>
6. Future effective date of filing (opt	ional):	
Signature of a manager, member person.	or authorized	
Signature Patricia Vete	lei	Secretary of State use only
Typed Name: Patricia Letelier		
		IDAHO SECRETARY OF STATE
Signature		09/20/21176 Rt 1348652
Typed Name:	<del></del>	CK: CASH LI: 101740 ORGAN LLC # 2

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