

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIV

(Instructions on back of application)

3. The name and complete street address of the registered agent:

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SECRETARY OF STATE

1.	The name of the limited liability company is:	STATE OF IDAHU
	LLKM Properties LLC	
2.	The complete street and mailing addresses of the initial designated/principal office:	
	4898 Rockwood Avenue Iona, Idaho 8342	27
	(Street Address)	
	PO Box 351 Iona, Idaho 83427	
	(Mailing Address, if different than street address)	

John Burtenshaw 4898 Rockwood Avenue Iona, Idaho 83427
(Name) (Street Address)

The name and address of at least one member or manager of the limited liability company:

 Name
 Address
 John Burtenshaw
 4898 Rockwood Avenue Iona, Idaho

5. Mailing address for future correspondence (annual report notices):
PO Box 351 Iona, Idaho 83427

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Jan Burkerher
Typed Name: John Burtenshaw

John Burtenshaw

Signature______
Typed Name: _____

Secretary of State use only

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