

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 09 JAN 26 AM 9= 34

(Instructions on back of application)

SECRETARY OF OTHER

WOO	OD FAMILY LEGACY LLC	
The complete street and mailing a	ddresses of the initial designated/principal office:	:
<del>-</del>	ha #2, American Falls, ID 83211	
(Street Address)		
(Mailing Address, if different than street address)		
	•	
The name and complete street add	aress of the registered agent:	•
Dustin Shane Miera	1505 Idanha #2, American Falls, ID 83211	\$
(Name)	(Street Address)	<del></del> -
	A.	eri Karana
The name and address of at least	one member or manager of the limited liability	
company:		
Name	Address	iga (19 <del>4</del> 9)
Dustin Shane Miera	1505 Idanha #2, American Falls, ID 83211	·
· · · · · · · · · · · · · · · · · · ·	•	
		<u> </u>
		ar te
	·	
Mailing address for future correspo	ondence (annual report notices):	
	ha #2, American Falls, ID 83211	•
Future effective date of filing (optio	onal):	
(4440		
nature of organizer(s). (An organizer is	sa member or is	
ig in behalf of a member or members).	o a member, Of 15	
	Secretary of State use only	
nature from min	- L&CD (C)	٠.
ped Name: Dustin Shane Mier	ra g	
	90 200 EQ TABLE APARTABLE OF	P QTAT
nature	28 IDANI SECRETARY U 28 01/26/2009	95 I
ped Name:	IDAHO SECRETARY OF 1/26/2009 CK: 3848 CT: 91154 I	UH: 1 DRGAN