

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN 11 AM 9: 10

The name of the limited liab		SECRETARY OF STATE STATE OF IDAHO	
The complete street and ma		nitial designated office:	
(Street Address)		<del></del>	
(Mailing Address, if different than street	address)		
The name and complete stre	eet address of the regist	ered agent:	
BRAYDEN HENRIE	1874 NITER BEI	NCH RD	
(Name)	(Street Address)		
<u>Name</u> BRAYDEN HENRIE	1874 NITER BEI	Address 1874 NITER BENCH RD	
The name and address of at company:	least one member or n	nanager of the limited liability	
MORGAN HENRIE		1874 NITER BENCH RD	
Mailing address for future co	•	report notices):	
1874 NITER BENCH RD GRAG	JE, ID 8324↑ ————————————————————————————————————		
Future effective date of filing	(ontional):		
Tatale ellective date of filling	(optional).		
gnature of a manager, mem rson.	nber or authorized		
7 . rl		Secretary of State use only	
nature Zaylu Hw	re	10ANO SECRETARY OF STAT 06/11/2015 05:00	
ped Name: DRAYDEN HENRIE		CK:141 CT:311238 BH:14	
	[	$10\ 100.00 = 100.00\ ORGA$	

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Typed Name: (