

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
12 ATR -2 AT 9 30

(Instructions on back of application)

The name of the limited liability company is:		SECRET BY OF STAR	
		SECRETARY OF SHIELE	
	Max Enterprises, LLC)	
2. The complete street and maili	•	designated office:	
(Street Address)			
(Mailing Address, if different than street ad	dress)		
3. The name and complete stree	et address of the registered	d agent:	
Robert A. Reitz	134 Shiloh Dr., Lewist	134 Shiloh Dr., Lewiston, ID 83501	
(Name)	(Street Address)		
The name and address of at leading company:	east one member or mana	ger of the limited liability	
Name	454 544 1 5 1 1 1	Address	
Julie B. Reitz	134 Shiloh Dr., Lewiston, ID 83501		
5. Mailing address for future corr	respondence (annual repo	rt notices):	
134 Shiloh Dr., Lewiston, ID 83501	•		
6. Future effective date of filing (optional):		
Signature of a manager, memb	per or authorized		
Signature WIN		Secretary of State use only	
Typed Name: Robert A. Reitz			
Signature Julie & Kerty	/	IDANO SECRETARY OF STATE	
Typed Name: JULIE B. RE	TZ	94/92/2012 95:00 CK: 4119 CT: 268886 BH: 1317867	

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