

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 SEP 13 AM 9:06

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liability company is:	STATE OF IDAHO
2. The complete street and mailing addresses of the i	
(Street Address)	<del> </del>
(Mailing Address, if different than street address)	
. The name and complete street address of the regis	stered agent:
CUAUHTEMOC FRANCES 125 Wild Pl N	MCCALL, ID 83638
(Name) (Street Address)	
. The name and address of at least one member or r company:	manager of the limited liability
<u>Name</u>	Address
CUAUHTEMOC FRANCES PO BOX 2257 M	MCCALL, ID 83638
. Mailing address for future correspondence (annual	report notices):
PO BOX 2257 MCCALL, ID 83638	
. Future effective date of filing (optional):	
ignature of a manager, member or authorized	
erson.	Secretary of State use only
ignature Att.	
yped Name: Cuaut temoc Frances	
	THAIR ACARPTAIN OF STATE
ignature	IDAHO SECRETARY OF STATE 09/13/2010 05:00
yped Name:	CK: 1459 C1: 242015 BH: 1236/3 1 @ 100.00 = 100.00 ORGAN LLC #

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