



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

(Instructions on back of application) **2014 MAY -8 AM 8:37**

1. The name of the limited liability company is:

**Miller 4 Structures LLC**

2. The complete street and mailing addresses of the initial designated office:

**1002 Honeysuckle Loop #1100 Driggs, ID 83422**

(Street Address)

**PO Box 1016 Victor, ID 83455**

(Mailing Address, if different than street address)

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

**Wade Miller**

(Name)

**1002 Honeysuckle Loop #1100 Driggs, ID**

**83422**

(Street Address)

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

**Wade Miller**

Name

Address

**P.O. Box 1016 Victor, ID 83455**

5. Mailing address for future correspondence (annual report notices):

**PO Box 1016 Victor, ID 83455**

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

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**05/09/2014 05:00**

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