

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 SEP 17 AH 8: 07

(Instructions on back of application)

	SHOW LIFT OF CTATE
1. The name of the limited liability company is:	SEGMENTY OF STATE STATE OF IDAHO
Darryl Moffett JR	
2. The complete street and mailing addresses of the 3544 East 17th St ste 105 Idah (Street Address)	initial designated/principal office:
(B.E. III Address if different the extract address)	
(Mailing Address, if different than street address)	viotored agent:
3. The name and complete street address of the reg	
Darry Moffett JR 3544 E17 (Street Address)	th Street Ste 105 Fails ID 8340
The name and address of at least one member o company:	r manager of the limited liability
Darry Moffett JR-Manager 3544 E	falls ID 834070
5. Mailing address for future correspondence (annual report notices): 3544 E 17th Street Ste 105 Idaho falls ID 83406	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	Control of Chate upo poly
	Secretary of State use only
Typed Name: Adum Berguan Drganise	
	IDAHO SECRETARY OF STATE 09/17/2010 05:00 CK: 1091 CT: 249858 BH: 1239324
Signature Typed Name:	1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3
IVDED NAME	

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