	ERTIFICATE OF (LIMITED LIABILI		
	(Instructions on back of application)		SECRETARY OF STATE STATE OF IDAHO
1. The na	me of the limited liability co	mpany is:	STATE OF IDAHU
SOMG	ames, LLC	· · · ·	
	mplete street and mailing ad Fullmoon Street, Kuna, Idaho 836		lesignated office:
	Address, if different than street address)		
	me and complete street add	ress of the registered	agent'
	·		-
Christo (Name)	pher Owens	525 E. Fullmoon Street (Street Address)	t, Kuna, Idaho 83634
(Manne)		(Street Address)	
Compai Christo	ny: <u>Name</u> pher Owens	525 E. Fullmoon Stree	Address t, Kuna, Idaho 83634
	<u></u>	, 	
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			- <u> </u>
-	address for future correspo Fullmoon Street, Kuna, Idaho 836	• •	t notices):
6. Future	effective date of filing (option	nal):	· · · · · · · · · · · · · · · · · · ·
Signature person.	of a manager, member o	r authorized	
F	Minto	-	Secretary of State use only
Signature In Travior, Authorized Person			IDAHO SECRETARY OF STATE 04/22/2014 05:00
iypeo Nan		CK:	1832692 CT:172099 BH:1421
Signature_			100.00 = 100.00 ORGAN LLC
	1e:		W137009

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