CERTIFICATE OF C		• •
LIMITED LIABILIT	Y COMPAN	2014 APR 25 PH 3: 06
(Instructions on back of application)		SECRETARY OF STATE
1. The name of the limited liability com	pany is:	STATE OF IDAHO
F4N Butcher LLC		
2. The complete street and mailing add	resses of the initia	al designated office:
(Street Address)	d Rd, Bois	c, TD 83714
(Mailing Address, if different than street address)		
3. The name and complete street addre	ess of the register	ed agent:
	-	-
(Name) Alæjm: 1301 Schrisway dr #215, (Street Address)		ris way dr # 215,
(Name)	(Street Address) Boise, ID	Q3701
4. The name and address of at least or	· · ·	
company:		
· •	Address	
Name <u>Address</u> Farraj Alajmi. <u>1301 s christray dr. Boisc</u> , IP 83705.		Misway dr. Boise.
• •	T.D. 83705.	
	<u> </u>	
	<u> </u>	
	1	
5. Mailing address for future correspon	• •	
1301 Schriswaydr,	Boise, 10	8 3 706
6. Future effective date of filing (optional	al).	
	······	
Signature of a manager, member or	authorized	
person.		
فر الدياني		Secretary of State use only
Signature		IDAHO SECRETARY OF STATE
Typed Name: Tarray Alajmi	,	04/25/2014 05:00 X:1842696 CT:172099 BH:14220
	1	(0.100.00 = 100.00 ORGAN LLC)
Signature		
Typed Name:		W137158
	_	WIJ1138

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