



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG 25 AM 8: 47

SECRETARY OF STATE STATE OF IDAHO

ECSI LE	ASING, LLC
The complete street and mailing addresse	es of the initial designated/principal office:
	K LN AMMON, ID 83406
(Street Address)	
(Mailing Address, if different than street address)	4444
The name and complete street address of	f the registered agent:
JEREMY KRUPP	3550 BRIAR CREEK LN AMMON, ID 83406
(Name) (Stre	et Address)
The name and address of at least one me company:	
<u>Name</u>	Address
JEREMY KRUPP	3550 BRIAR CREEK LN AMMON, ID 83406
Mailing address for future correspondence	e (annual report notices):
Mailing address for future correspondences	e (annual report notices): KLN. AMMON, ID 83406
3550 BRIAR CREEK Future effective date of filing (optional): gnature of organizer(s). (An organizer is a memb	CLN. AMMON, ID 83406
3550 BRIAR CREEK Future effective date of filing (optional): _	ber, or is Secretary of State use only
3550 BRIAR CREEK Future effective date of filing (optional): gnature of organizer(s). (An organizer is a member of members).	ber, or is Secretary of State use only
Future effective date of filing (optional): gnature of organizer(s). (An organizer is a member or members). gnature	ber, or is Secretary of State use only
3550 BRIAR CREEK Future effective date of filing (optional): gnature of organizer(s). (An organizer is a member of members).	ber, or is Secretary of State use only
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