

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

ID APR 22 PM 12: 57

		of application)	TUAPR 22 PM 12: 3	
<b>注</b> 01	(Instructions on back	Of application)	SECRETARY OF STA	TE
1. The name	e of the limited liability con	npany is:	STATE OF IDAHO	
N	J Shannon Ent	terprises	, <i>LL</i>	
		Araccas of life illing	al designated Finish	ice:
Z. 116 00m	plete street and mailing ad-	vive Mer	idian, ID 83	646
fönder von	11,000,	<del>/</del>	,	
(Banifing As	Same Idress, if different than street address)			
	ne and complete street add	ress of the reaister	ed agent:	
3. The nam	le and complete sheet add		<u>-</u>	
مام ۸	rick Shannon	Same. (Street Address)		
(Name)	MICA SHAMOLL	(Street Address)		
		_	at the limited lightli	k I
4. The nan	ne and address of at least	one member or ma	nager of the littlited habit	y
	N F1		i i	
_	Name rick Shannon ith Shannon	1.150 Sh	ander Dr. Meria	lian ID
Der	rick Shannon	<u> </u>	A . N . M	n Th Dew
Jud	ith Shannon	6150 Sha	naee ur, Illeriala	ily held 8 Jety
<del></del>				
		<del></del>		
	address for future corresp	ondence (annual r	eport notices):	
5. Mailing	,	•		
Sa	me as above			
e Educa	effective date of filing (opti	ional):		
g, ruwie	GIICOUTO Gaile of Immig ("F"	•		
O:	of organizer(s). (An organizer	is a member, or is		
Signature	of organizer(s). (All organizer).		Secretary of State use of	only
acuity in set	J 11A	DWD		
Signature	Jun g. your	Da da		
Typed Na	me: <u>Nerrick Shan</u>	NON PROPERTY OF ICHOE	IDANO SECRETA	RY OF STATE
	- l -	) forms	CK: 1990 CT: 1940	45 BH: 1218929
Signature	Xa/S	The last	9 0 7 E 198*06 - 188*	THE WINDS LEVEL IN

W92687