

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 AUG 12 AM IO: 55

	(Instructions on back of continue)	N=1
-	(Instructions on back of application	SECRETARY 19 STATE
1.	The name of the limited liability company is:	STATE OF IDAHO
	- CIRCLE PRACK KACING	LLC
2.	he complete street and mailing addresses of the initial designated office:	
	1000 S. Roosevelt ST. Bosce ID 83705	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	ne name and complete street address of the registered agent:	
	(Name) (Street Address	Reosevelt St., Brise, D 83705
4.	The name and address of at least one member or manager of the limited liability company:	
	Name Address 104W (2000) 104 E. 44th St. GHADEN C.TY 1083714	
5.	Mailing address for future correspondence (annu- 1000 S. Rocsevell St., Basse (D. A	ual report notices):
	Tool Di Koose Veri Si, Deise ID a	2 /03
6.	Future effective date of filing (optional):	
Sigr pers	nature of a manager, member or authorized on.	
Sign	ature	Secretary of State use only
Type Sign	ature	IDAHO SECRETARY OF STATE 08/12/2014 05:00 CK:2132646 CT:172099 BH:143
Тур	ed Name:	16 100.00 = 100.00 ORGAN LI
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