

Typed Name: \_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2009 JAN 20 AM 9: 27

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability company is:		STATE OF IDAHO
	Kandl, LLC	,
The complete street and mailing ad	dresses of the initial de	esignated/principal office:
755 Tiebrea	ker Drive, Ammon, Idaho 83	406
(Street Address)		
(Malling Address, if different than street-address)		
The name and complete street add	lress of the registered a	gent:
Karen Anderson	755 Tiebreaker I	Drive, Ammon, ID 83406
(Name)	(Street Address)	
company: <u>Name</u> Karen Anderson	Address 755 Tiebreaker Drive, Ammon, ID 83406	
Karen Anderson	755 Tiebreaker Drive, Ammon, ID 83408	
•		
Mailing address for future correspo	indence (annual report :	noticee).
	eaker Drive, Ammon, ID 834	*
, 00 11000	The state of the s	
Future effective date of filing (option	nal):	
gnature of organizer(s). (An organizer is	a member, or is	
ing in behalf of a member or members).	W	
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gnature Kul		
yped Name: Karen Anderson	LC fermstoert_org_flc.PMD	
	- Brms	IDANO SECRETARY OF ST
ignature	217	01/20/2009 0

INCHE SECRETARY OF STATE 01/20/2009 05:80 CK: 3936 CT: 169148 BH: 1152969 1 0 190.00 CR6M LLC 8 2

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