

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2012 AUG 31 AM B: 51

(Instructions on back of application)

1. The name of the limited liability company is:		SECRETARY (STATE OF I	
	SANITY, LLC		
2. The complete street and ma 145 THAIN RD LEWISTON ID 8	_	nitial designated office:	
(Street Address)			
(Mailing Address, if different than street	address)		
s. The name and complete stre	eet address of the regis	stered agent:	
LISA K GANDY	165 SOUTHPO	165 SOUTHPORT AVE LEWISTON ID 83501 (Street Address)	
(Name)	(Street Address)		
I. The name and address of at company:	t least one member or i	manager of the limited liability	
<u>Name</u>		Address	
LISA K GANDY	PO BOX 1721 L	PO BOX 1721 LEWISTON ID 83501	

4956			
			
. Mailing address for future co		report notices):	
451 THAIN RD LEWISTON ID 83	3501		
. Future effective date of filing	(antional):		
. I didie eliective date of limig	(optional).		
isnoture of a manager			
ignature of a manager, mem erson.	iber or authorized		
ad Mad 1		Secretary of State use only	
gnature ////////////////////////////////////			
ped Name: LISA K GANDY			
		IDAHO SECRETARY OF STATE	
gnature		08/31/2012 05:00 CK: 20095324086 CT: 273830 BH: 1330	

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