

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 10 APR -2 AM 9: 24

(Instructions on back of application)

	(instructions on back of app	nication)	SECRETARY OF M
1. The nam	ne of the limited liability company	is:	SECRETARY OF ST. STATE OF IDAHO
	LeClaire As	sociates, LLC	
. The com	plete street and mailing addresse	s of the initial designated	/principal office:
	·	Meridian, ID 83642	
(Street Add	•	ame	
(Mailing Ad	dress, if different than street address)	2119	
3. The nam	ne and complete street address of	the registered agent:	
	Briana LeClaire	1923 E. Pratt St., Meridia	n, I D 83642
(Name)	(Stree	t Address)	
company	Name.	Address	
	Briana LeClaire	1923 E. Pratt St., Merdian, ID 83642	
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5 Mailine e	adden as for fathers, someone and assess	(annual named matters).	
5. Mailing a	address for future correspondence	Meridian, ID 83642	
	1040 L. 1 1611 U.,	TELEVISION OF THE TELEVISION O	1
6. Future e	ffective date of filing (optional):	n/a	
Signature of	organizer(s). (An organizer is a membe	er, or is	e e e
-	f of a member or members).		of State use only
42	LUMA Pellaine	G Secretary	TO LOCATE USE OFFIN
Signature Suava Tu (luum) Typed Name: Briana LeClaire		Bu	W 92124
Typed Name	- Unaria Lovalio		WININT
Cianatura		omsulic formstear orgulac PMD	IDAHO SECRETARY OF STATE
Signature Tvped Name	•		3371 CT: 159165 BH: 121: 100.00 = 100.00 CRGAN L
I VERSELL INSULTER		1.2 ib	