

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY AM 8: 39

(Instructions on back of application)

1.	The name of the limited liability	company is:	SECRETARIA DE STATE	
2.	The complete street and mailing addresses of the initial designated office: 1399 Spurlock CT Twin Falls, ID 83301 (Street Address) (Mailing Address, if different than street address)			
3.				
Ο.	The name and complete street address of the registered agent:			
	Jack C Packer	1399 Spurlock CT Twin Falls, ID 83301		
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		<u>Address</u>	
	Jack C Packer	1399 Spurlock CT Twin Falls, ID 83301		
5.	Mailing address for future corresp 1399 Spurlock CT Twin Falls, ID 83301	ondence (annual r	report notices):	
6.	Future effective date of filing (option	onal):		
Sigr pers	nature of a manager, member o	or authorized		
			Secretary of State use only	
Sign _	ature			
Туре	ed Name: Jack C Packer			
Sian	ature		TRAUR APPROPRIE	
Tyne	atureed Name:		IDAHO SECRETARY OF STATE 95/29/2013 05:00	
. , , , ,			U5/29/2013 05:00 CK: 3702 CT: 283658 BH: 1375723 1 8 100.00 = 100.00 ORGAN LLC # 2	