

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 HAY -4 AM 11: 08

(Instructions on back of application)

SECRETARY OF STATE

 The name of the limited liability compa 	any is:
Rent For Fun LLC	
· · · · · · · · · · · · · · · · · · ·	esses of the initial designated/principal office:
	Dr. Nampa, ID 83686
(Mailing Address, if different than street address)	
. The name and complete street address	s of the registered agent:
Andrew T. Schoppe Esq.	13487 N. First St. Garden City, ID. 83714 (Street Address)
The name and address of at least one company:	member or manager of the limited liability
Nomo	Address
Chris Schoppe	13 15 S. White water Dr. Names I 1315 S. Whitewater Dr. Names ID 83686
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sewer schoppe	83686
·	
. Mailing address for future corresponde	·
1315 S- whitewater Dr	Nampa ID 83686
. Future effective date of filing (optional)	•
. Future enective date of filling (optional)	•
ignature of organizer(s). (An organizer is a me	ember, or is
cting in behalf of a member or members).	Out to a to the second
\mathcal{N}	Secretary of State use only
ignature Charles Salar 20	
yped Name: Chris Schoppe	
ignature fruit Seco	TIDANO SECRETARY OF STATE CK: 1828 CT: 236744 BH: 11688 CK: 1828 CT: 236744 BH: 11688 CK: 1828 CT: 236744 BH: 11688

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