251	
CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE	
(Instructions on back of application)	17 1 - B - All 9: 44
1. The name of the limited liability company is: 	STATE STATE
2. The complete street and mailing addresses of the initial designated office: <u>12242</u> <u>N Hiline Poculallo, ID 83202</u> (Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent: <u>Shelby Freed</u> (Name) <u>12742 M Hiline Pocatello IP 83202</u> (Street Address)	
4. The name and address of at least one member or m company: <u>Name</u> <u>Dhelby Freed</u> <u>12242 N H</u>	Address iline Pocatello, ID 83202
 Mailing address for future correspondence (annual report notices): <u>11242 N Hiline Pocatello</u>, <u>TD 83202</u> Future effective date of filing (optional): 	
Signature of a manager, member or authorized	
Signature Stille Fred	Secretary of State use only
Typed Name: Shelky Fre.cd	IDAHO SECRETARY OF STATE 03/30/2012 05:00
Signature	CK: 11363 CT: 251821 BH: 1317676 1 0 100.00 = 100.00 ORGAN LLC # 2
Typed Name:	(1)112591

cert_org_lic Rev. 07/2010

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