

ERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 08 AUG 15 AM 8: 36 08 AUG 15 AM 8: 36 08 AUG 15 AM 8: 36 **CERTIFICATE OF ORGANIZATION**

Debra Birt

Typed Name: _____

SECRETARY OF STATE

	addresses of the initial designated/principal office:
	2575 E Saint Anthony ID 83445
(Street Address)	
(Mailing Address, if different than street address	\$\$}
The name and complete street a	address of the registered agent:
Sara Bunner	566 N 2575 E Saint Anthony Id 83445
(Name)	(Street Address)
Name Sara Bunner	Address 566 N 2575 E Saint Anthony ID 83445
Debra Birt	296 Hill St Idaho Falls ID 83402
	anandanas (annual rapart notices):
A ST. St	
	Hill Street Idaho Falls ID 83402
	Hill Street Idaho Falls ID 83402
296	
Mailing address for future corresponds 296 Future effective date of filing (or	
Future effective date of filing (or produced for the state of the stat	ptional):er is a member, or is
296	ptional):er is a member, or is

IDAHO SECRETARY OF STATE

08/15/2008 05:00

CK: 1481 CT: 226837 BH: 1131775
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