

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 JUL 27 AM 8: 27

(Instructions on back of application)

SECRETARY OF STATE

. The name of the limited liability con	mpany is: STATE OF IDA
KAULAR LL	- C
2. The complete street and mailing ad-	dresses of the initial designated/principal office:
149 Palanus	10 Pocatello, 1889201
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	ress of the registered agent:
•	•
KENT REYNOLDS	(Street Address)
(Name)	(Street Address)
4. The name and address of at least a	one member or manager of the limited liability
company:	me member of manager of the infilted liability
Name	Address
MELANTE REYNOLDS	149 Palonino
Kent ezwanne	149 Palomenie
<u> </u>	
·	
5. Mailing address for future correspon	ndonce (annual report notices):
o. Iviaining address for future correspon	Scatello, ed 83 201
149 ra smules 12	realeus) is 05 001
6. Future effective date of filing (option	nal):
	•
Signature of organizer(s). (An organizer is a	a member, or is
cting in behalf of a member or members).	
. I A Flerale	Secretary of State use only
Signature english	Tour lic. PANE
Typed Name: KENT REYMOZAS	
Signature Melanil Lly	IDAHO SECRETARY
Typed Name: MELAN, E REY NOL	IDAHO SECRETARY
Typeu Name. THELANIC FEY MIL	<u>ペレン 長界 1 9 188.96 = 108.58</u>

W85704