

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 JUN 29 AM 9: 29

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability compar	ly is.	STATE OF IDAHO
Galino	lo Family, LLC	
The complete street and mailing addres	ses of the initial design	nated/principal office:
-	, Dalton Gardens, ID 8381	
(Street Address)	:	
(Mailing Address, if different than street address)	-	
The name and complete street address	of the registered agen	t:
Alejandro V. Galindo	6079 N. 18th Street, Dalton Gardens, ID 83815	
(Name) (S	(Street Address)	
The name and address of at least one n company:  Name	nember or manager of Addı	
Alejandro V. Galindo	6079 N. 18th Street, Daiton Gardens, ID 83815	
	i e	
Mailing address for future corresponden	ce (annual report notic , Dalton Gardens, ID 8381	
Future effective date of filing (optional):		
		•
nature of organizer(s). (An organizer is a	nber, or is	*
ng in behalf of a member or members).		and a second
ALSI VIV	CIMP	ecretary of State use only
gnature ' \ \		. *
ped Name: James's Macdonald	ALC formstveer_org_Bc.PMD d 07/2008	
V	forms	IDANO SECRETARY OF ST
gnature <sup>y</sup>	4 07/	06/29/2009 05

Typed Name:

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