

CERTIFICATE OF ORGANIZATION

	FILE
CERTIFICATE OF LIMITED LIABIL	~ J/j;
(Instructions on bac	ck of application)
. The name of the limited liability co	ompany is:
The complete street and mailing a 1851 East 3500 North, Filer, ID 83328 (Street Address)	addresses of the initial designated office:
(Mailing Address, if different than street address)	
. The name and complete street ad	ldress of the registered agent:
Amanda Knutz (Name)	1851 East 3500 North, Filer, ID 83328 (Street Address)
I. The name and address of at least company: Name Amanda Knutz	one member or manager of the limited liability Address 1851 East 3500 North, Filer, ID 83328
i. Mailing address for future correspondence of the second	ondence (annual report notices):
1851 East 3500 North, Filer, ID 83328	ondence (annual report notices):
1851 East 3500 North, Filer, ID 83328 6. Future effective date of filing (option ignature of a manager, member of a manager.	onal):
1851 East 3500 North, Filer, ID 83328 6. Future effective date of filing (option in the content of a manager, member of a manager, mem	onal):
1851 East 3500 North, Filer, ID 83328 6. Future effective date of filing (option ignature of a manager, member of erson.	onal):or authorized
	onal): or authorized Secretary of State use only
1851 East 3500 North, Filer, ID 83328 6. Future effective date of filing (options) signature of a manager, member of erson.	onal): or authorized Secretary of State use only IDAHO SECRETARY OF STATE

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