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## CFRTIFICATE OF ORGANIZATION

	SERVINI TOATE OF O	NOAITIEATIO	• •	
	LIMITED LIABILIT	Y COMPANY	2010 MAY 12 P	3:06
O O	(Instructions on back	of application)	SECRETARY OF STATE OF I	STATE
1. The na	ame of the limited liability com	pany is:		
	Meyer E	nterprises LL	C *	
2. The co	omplete street and mailing add	lresses of the initial d	esignated/principal offic	
$\mathcal{P}_{\alpha}$	Address) / // /)	3201		
	ame and complete street address	ess of the registered	agent:	
	bra A. Meyer			ОДО
	ame and address of at least or	ne member or manag	er of the limited liability	
compa	•		Address	
	Debra A. Meyer	> 500	me <	e de
	<del></del>			
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www.thillian.				
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5. Mailin	g address for future correspon	dence (annual report	notices):	
<del></del>	> same a			
6 Future	e effective date of filing (option	al):		
•		-		
Signature	of organizer(s). (An organizer is a half of a member or members).	member, or is	·	
acung in Der	A member of members.	<u> </u>	Secretary of State use only	
Signature				A
Typed Na	me: Debra A. Meyer	maskon H		
Signature		ULLS to	IDAHO SECRETARY OF S	ATE
	me:	Revise	CK: 435961 CT: 172099 BH 1 0 100.00 = 100.00 ORG	1221996
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