

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

JI MAR 29 PM 2:43

1. The name of the limited liabi	lity company is:	STATE OF IDAHO	
	Rachel M Pugmire, LLC	*	
2. The complete street and mail	·	designated/principal office:	
(Street Address) 4316 E Tahiti Dr Meridian, ID 836 (Mailing Address, if different than street a			
3. The name and complete stre		d agent:	
Rachel M Pugmire	4316 E Tahiti Dr Meri	4316 E Tahiti Dr Meridian, ID 83646	
(Name)	(Street Address)		
The name and address of at company:	least one member or mana	ager of the limited liability	
<u>Name</u>		<u>Address</u>	
Rachel M Pugmire	4316 E Tahiti Dr Men	idian, ID 83646	
 Mailing address for future cor 4316 E Tahiti Dr Meridian, ID 836 	•	ort notices):	
6. Future effective date of filing			
Signature of a manager, mem person.	ber or authorized		
Signature All Co	, en	Secretary of State use only	
Typed Name: Rachel M Pugmire			
Signature		YRANG OPERPTARY OF STATE	
Typed Name:		IDAHO SECRETARY OF STATE 03/29/2011 05:00	

03/29/2011 05:00 CK: 1012 CT: 257133 BH: 1266637 1 0 100.00 = 100.00 ORGAN LLC N 2