

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 JUL 20 AM 9: 56

1.	The name of the limited liability co	mpany is:	SECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing ac 257 S 2ND E REXBURG, ID 83440 (Street Address)	ddresses of th	e initial designated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	JASON PAULL	257 S 2ND F	REXBURG, ID 83440
	(Name)	(Street Addres	5)
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		Address
	JASON THOMAS PAULL	257 S 2ND REXBURG, ID 83440	
		-	
5.	Mailing address for future correspondence 257 S 2ND REXBURG, ID 83440	ondence (anni	ual report notices):
	297 3 2ND REXBURG, ID 63445	·	
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member of son.	r authorized	Correlate of Citate use only
Signature Signature			Secretary of State use only IDAHO SECRETARY OF STATE 07/20/2015 05:00
Typed Name: ASON THOMAS PAULL			CK:597 CT:312552 BH:1484535
			10 100.00 = 100.00 ORGAN LLC #2
_	nature		
Typ	oed Name:		in in internal in the second

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