

Printed Name:

Printed Name:

Signature:

Rev. 11/2015

1.

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2017 JUL -3 AM 9:50

SECRETARY OF STATE STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

The name of the limited liability company is:

Complete and submit the application in $\underline{\text{duplicate}}$.

Street Address)	u way 10na, 11) 83427
Mailing Address, if different)	
The name of the regist	stered agent and street address of the registered agent:
Sarah Holve	er Son 5062 Brylee Way lona 10 83427 (Address cannot be a post office box or postal mail box)
The name and address	ss of at least one governor of the limited liability company:
Name)	Holverson 5062 Brylen way I ona 10 8342
Name)	(Address)
Name)	(Address)
Name)	(Address)
ra en	ture correspondence (annual report notices):
viailing address for fut	(m

15AHO SECRETARY OF STATE 07/03/2017 05:00

CK:351 CT:342084 BH:1591826 16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 CORP SUR #3

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