

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

1	(Instructions on ba	ick of applicatio	on) - AM 8: 55
1.	The name of the limited liability of	company is:	SECHETARY OF STATE STATE OF IDAHO
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2.	The complete street and mailing a 493 W. HIGHWAY 39	addresses of th	ie initial designated office:
	(Street Address) BLACKFOOT, ID 83221		
3.	(Mailing Address, if different than street address)  The name and complete street address of the registered agent:		
	NICHOLAS D. NELSON	493 W. HIGHWAY 93, BLACKFOOT, ID 83221	
	(Name)	(Street Address	5)
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	NICHOLAS D. NELSON	PO BOX 505, BLACKFOOT, ID 83221	
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5.	Mailing address for future correspondence (annual report notices):		
	P.O. BOX 505, BLACKFOOT, ID 83221		
6	Future effective date of filing (opti	onal).	
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Sia	nature of a manager, member	or authorized	
	son.	or aumonzed	
-	nature News Dollen	) )	Secretary of State use only
	ped Name: NICHOLAS D. NELSON		IDAHO SECRETARY OF STATE
- 71			07/09/2015 05:00 CK:729 CT:312221 BH:1483188
Sia	nature		10 100.00 = 100.00 ORGAN LLC
	ped Name:		
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