

Signature\_\_

Typed Name: \_\_\_\_

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

<b>10 ± 50</b>	(Instructions on back of	f application)	09 JUN 10	AM 11: 34
1. The nam	ne of the limited liability comp	anv is:	SECHELAN	1 OF STATE
	YMUSICMATTER:	•	OTAGE U	r DAHO
2. The com	plete street and mailing addre	esses of the initial design	gnated/principal o	office:
	21567 simplot Blv	d.,Greenleaf,Ida	ho 83626	
(Street Add	PO Box 424 Greenle	eaf, Idaho83626	•	•
(Mailing Ad	idress, if different than street address)			
3. The nam	e and complete street addres	s of the registered age	nt	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	el Gupta	21567 Simp Greenleaf, Id		,
(Name)		(Street Address)		
company	· ·			nty
	Name	Add	tress	
Car	mela Kerns Gupta	PO Box 424, Gre	enleaf, Idah	<u>o 836</u> 26
				W. J.
				<del></del> -
•				
	ddress for future corresponde	- ·	ices):	
PO	Box 424, Greenleaf,	Idaho 83626		
6. Future ef	fective date of filing (optional)	:n/a		
				, , , , , , , , , , , , , , , , , , ,
	organizer(s). (An organizer is a mo of a member or members).			
Signature	al tom Guota	omercent_on_RcP410	Secretary of State use on	<b>N</b>
Typed Name:	Carmela Kerns Gup	ta   5	-	
		900 900		· · · · · · · · · · · · · · · · · · ·

W84586