

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 MAY 20 PM 12: 46

1.	The name of the limited liability company is:	SECRE	TARY	OF STA
	1014 Covey Cou	at LLC 51	HE OF	DAH
2.	The complete street address, and mailing addressincipal office:	ess if different, of the initial	design	ated/
	16178 Homedale Road, Ca	idwell, ID 83607		
3.	The name of the commercial registered agent; address of the non-commercial registered ager	or the name and complete nt:	street	<del></del>
	Victoria Linden, 16178 Homedale F	Road, Caldwell, ID 83607		
٠.	The name and address of at least one member company:	or manager of the limited l	iability	
	Name	Address		
	Victoria Linden 16178 Homedale Road, Caldwell, 1D 83607			
		<del></del>		
			<del></del>	<u>.</u> 775
			-	<u>r</u>
	-			
			,	
	Mailing address for future correspondence (ann	vial romant matters.		
	16178 Homedale Road, Cali	dwit report nouces): dwell, 1D 83607		
				<del></del>
	Future effective date of filing (optional):			
Jr S	ature of an organizer(s). (An organizer is a member, acting in behalf of a required, and existing, initial member			
ne	embers).	Secretary of State up	se only	·
'n	ature XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Henred 07/2003	•	
)(	d Narrie: Victoria Linden			
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