



CERTIFICATE OF ORGANIZATION ^{FILED EFFECTIVE} LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN -3 PM 1:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FYM LLC

2. The complete street and mailing addresses of the initial designated office:

174 E Havasupai St Meridian ID 83646

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Garrison Pace

(Name)

174 E Havasupai St Meridian ID 83646

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Garrison Pace

174 E Havasupai St Meridian ID 83646

5. Mailing address for future correspondence (annual report notices):

174 E Havasupai St Meridian ID 83646

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Garrison Pace

Typed Name: Garrison Pace

Signature

Garrison Pace

Typed Name: Garrison Pace

Secretary of State use only

IDAHO SECRETARY OF STATE

06/03/2015 05:00

CK:2898132 CT:172099 BH:1478206

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