CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2015 JUN -9 PM 4: 38

FILED EFFECTIVE

C A OP	(Instructions on bac	ck of application	ר)	SEUNE	TARY OF STATE TE OF IDAHO
	me of the limited liability company is:			STA	LE OF IDAHO
	P.I.C. 1	LC			
2. The c	he complete street and mailing addresses of the initial designated office:				
(Street	219 W HAWK Address)	PL N.	AMPA	IP	8365/
(Mailin	g Address, if different than street address)		<u> </u>	<u></u>	···
3. The n	he name and complete street address of the registered agent:				
(Name	VAN SCHURCH	(Street Address)	WHAI	WK Pl	NAMPA IT 83651
	The name and address of at least one member or manager of the limited liability company:				
	Name Address IVAN SCHURCH 1219 W HAWK PL NAMMAIP 836:				
I	VAN 3 CHURCH	1219	n HAN	K PL	NAMMIT
					Y 16-3
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	<u> </u>				
1	g address for future correspo	ondence (annua	al report n	otices):	
_2,	/A # 4/				
6. Future	e effective date of filing (option	onal):			
	e of a manager, member o	r authorized			
person.)			Secretary of	State use only
Signature				IDAHO :	SECRETARY OF STATE
Typed Name: <u>IVAN 3cH4RCH</u>			(9/2015 05:00
					C:311198 BH:1479: - 100.00 ORGAN LI
Signature			_		
Typed Na	me:				

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