

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

7016 MAY 27 AM ID: 07

	(Instructions on back of application)	CECDETOTE OF OTATE	
1.	The name of the limited liability company is:	STATE OF STATE	
	A:cSoft K:nasle	onna or astio	
2.	. The complete street and mailing addresses of the initial designated office:		
	1810 Overland Ave		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Hathony Baiz 1810 Overlar (Name) (Street Address)	d Ave Burley 10 83318	
4.	. The name and address of at least one member or manager of the limited liability company:		
	Λ ι ===	ddress . A	
	Hothory Daiz 1810 Overla	1	
	Storm BaiZ 1810 Over land	d Ave.	
	chase C. Baiz 1810 overland	tre	
	Niko Diz 1810 overland Av	e	
		}	
5. Mailing address for future correspondence (annual report notices): 1810 Overland Ave Burley ID 83318			
6	6. Future effective date of filing (optional):		
o. I diaro chociive date of ming (optional).			
Signature of a manager, member or authorized person.			
μ		Secretary of State use only	
Signature 103/27/2014 05:00			
Typed Name			

#2

W138358

Signature Storm Bui Z

Typed Name: Storm Balz