

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



11 FEB 18 AM 8:31

1 2	(Instructions on back	of application)	
1.	The name of the limited liability company is:		SEGN BY OF STATE STATE OF IDAHO
	MURPHEY'S SCHOOL IMPROVEMENT, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office: 698 EAST 3400 NORTH, CASTLEFORD ID 83321		
	(Street Address)		
	(Malling Address, if different than street address)	· <del>-</del>	
3.	The name and complete street address of the registered agent:		
	KELLY A MURPHEY	698 E 3400 N, CASTLEFOR	RD ID 83321
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		dress
	KELLY A MURPHEY 698 E 3400 N, CASTLEFORD ID 83321		RD ID 83321
_			
5.	Mailing address for future correspor		
	698 E 3400 N C	istleford ID	83321
6.	Future effective date of filing (option	nal):	
•	nature of a manager, member or	authorized	
per	son.		Secretary of State use only
Sia	nature Kell A. Mu	yple	
_	ed Name: KELLY A MURPHEY	5	
Sig	nature		IDANO SECRETARY OF STATE 02/18/2011 05:00
Тур	ed Name:		CK: 1197 CT: 255655 BH: 1268694 B 188 BG = 188 BB ORGAN LLC N &