

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 FEB 12 AM 8: 23

AE &	(Instructions on back of a	pplication)	
1.	The name of the limited liability compan	y is:	SECRETARY OF STATE STATE OF IDAHO
	Beneficiary IRA of Ge	rald R Rosendahl, Glen LLC	- WE OF IDANO
2.	The complete street and mailing address	ses of the initial designate	d/principal office:
	·	Dr. Nampa Idaho 83686	
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Glen R Rosendahl	920 S. Whitewater Dr. Nam	npa Idaho 83686
	(Name) (St	reet Address)	,
4.	The name and address of at least one mompany:	nember or manager of the	limited liability
	<u>Name</u>	Address	
	Glen R Rosendahl	920 S. Whitewater Dr. Nan	npa Idaho 83686
	· · · · · · · · · · · · · · · · · · ·		
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5.	Mailing address for future corresponden	·	
	920 S. Whitewater	Dr. Nampa Idaho 83686	*
6.	Future effective date of filing (optional):		
		•	
_	nature of organizer(s). (An organizer is a men ng in behalf of a member or members).	nber, or is	
autii	la Ma	Secretz Q	ary of State use only
Sig	nature Menthercodule	rt_org_lic.PMD	•
Тур	ed Name: Glen R Rosendahl	f	

Signature ____ Typed Name: