

CERTIFICATE OF ORGANIZATION 2815 JUN-1 AM 10: 27

SFORT

WE TO	(Instructions on back of application)
1.	The name of the limited liability company is:
	Flying Horse Shoe Randy LLC
2.	The complete street and mailing addresses of the initial designated office:
	1339 W. 3000 S.
	(Street Address) PO Bax 973 Victor, ID 83455
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	A) Wooksterfulme 1339 W. 3000 S. Victor, 1D
	(Name) (Street Address)
	03423
4.	The name and address of at least one member or manager of the limited liability
	company: Address Address
	ance Woolston hulling 1339 W. 3000. S.
	Debera Wookstinhulma Same
	Kirmu Woolstinliulmi Same
	Not the Mont summer Javie
5.	Mailing address for future correspondence (annual report notices):
	Po Box 973 Vidor, ID 83455
6.	Future effective date of filing (optional):
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-	gnature of a manager, member or authorized
-	Secretary of State use only
_	mature NIM VVV I WWWW/VV I DAHO SECRETARY OF STATE
Тур	oed Name: 06/01/2015 05:00 CK:NO CK# CT:310839 BH:1477783
Qi _o	nature1@ 100.00 = 100.00 ORGAN LLC #2
_	ped Name:

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