

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

(Instructions on back of application)

2009 SEP 10 PM 1:43

		SEURETARY OF STATE	
1.	The name of the limited liability comp		
	FL&	& M Associates, LLC	
2.	The complete street and mailing addr	resses of the initial designated/principal office:	
	6120 Sydney	y Circle, Nampa, ID 83687	
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street addre	ess of the registered agent:	
	Aaron Fulcher	6120 Sydney Circle, Nampa, ID 83687	
	(Name)	(Street Address)	
	The name and address of at least one company:	e member or manager of the limited liability	•
	<u>Name</u>	Address	
	Aaron Fulcher	6120 Sydney Circle, Nampa, ID 83687	
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		**************************************	
5.	Mailing address for future correspond	lence (annual report notices):	
Ο,	-	y Circle, Nampa, ID 83687	
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6.	Future effective date of filing (optional	n.	
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	nature of organizer(s). (An organizer is a right of a member or members).	nember, or is	
acting	g in benall of a member of members).	Secretary of State use only	
Sign	nature _	WG SHI	
_	ed Name: Aaron Fulcher	8	
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