

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

(Instructions on back of application)

08 DEC 19 AM 10: 30

1. The name of the limited liability of	ompany is:	SECRETARY ( STATE OF	OF STATE
	R-R TAXI CO. LL	C	
2. The complete street and mailing a	addresses of the initi	al designated/principal offic	ce:
674 E SAN	ITOLINA ST, KUNA IDAF	IO 83634	
(Street Address)			
(Mailing Address, if different than street address	)		
3. The name and complete street ad	ldress of the register	ed agent:	
DIEGO D ALANIZ	674 E SANTOLINA ST, KUNA ID 83634		
(Name)	(Street Address)	······································	
The name and address of at least company:	t one member or ma	. <del>-</del>	
<u>Name</u> DIEGO D ALANIZ	Address 674 E SANTOLINA ST, KUNA ID 83634		
DIEGO D'ALANIZ	074E SAN	TOLINA ST, NOTAL ID 65654	<del></del>
	_		<u></u>
5. Mailing address for future corresp	,	•	
	ANTOLINA ST, KUNA ID	03034	
6. Future effective date of filing (opti	ional):	3	
o. Takaro oncoave date of iming (opu			
Signature of organizer(s). (An organizer	ie a member or is		
acting in behalf of a member or members).			
	g.	Secretary of State use only	
Signature they than	<sup>2</sup>		
Typed Name: / DIE O D ALAN	11Z   5		
	Chromotomet.LC formsteart_org_lbt.PMD	••	•
Signature	DENTIC	TRAIN APARTAM	OF OTER
Typed Name:	Revis	IDAHO SECRETARY 12/19/2004	8 05:00
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