

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

10	a to to	30	$\mathbb{R}^{\mathcal{F}}$	9:	20

X	(Instructions on back	( or application)		
1.	The name of the limited liability con	mpany is: SECRETARY OF SECE		
	WESTER	RN WAREHOUSING, LLC		
2.	4251 SUMMIT DR., MACKAY, ID 83251 (Street Address)	Idresses of the initial designated office:		
	BOX 540, MACKAY, ID 83251 (Mailing Address, if different than street address)			
3.	The name and complete street addr	ress of the registered agent:		
	JAY A. KOHLER (Name)	482 CONSTITUTION WAY, #313, ID. FALLS, ID 83402 (Street Address)		
	The name and address of at least o company:	one member or manager of the limited liability  Address		
	DEAN ROWSELL	BOX 540, MACKAY, ID 83251		
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Э.	Mailing address for future correspor 482 CONSTITUTION WAY, STE. 313, ID.	•		
6.	Future effective date of filing (option	nal):		
Sigr pers	nature of a manager, member or son.			
٥.		Secretary of State use only		
_	ed Name: DEAN ROWSELL			
	nature			
тур	ed Name:	CK: 9218 CT: 193976 BH: 1321938		

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