

FILED EFFECTIVE **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed



SECRETARY OF OTAT

	Complete and sub	mit the application in <u>dublical</u>	
1.	The name of the limited liability company is:		STATE OF IDAHO
	Monica Street Rental, LLC		
	(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., Ll.C. or LC)		
2.	The complete street and mailing addresses of the principal office is: 216 Monica Street, Troy, Idaho 83871 (Street Address)		
	(Mailing Address, if different)		
	3.	The name of the registered agent and the street address of the registered agent:	
Sharon L. Mack		Mack 216 Monica Street, Troy, Idaho 83871	
(Name)		(Address cannot be a post office box or postal mail box.)	
4.	The name and address of at least one governor of the limited liability company:		
	Gerald J. Mack	PO Box 634, Troy, Idaho 83871	
	(Name)	(Address)	
	Sharon L. Mack	PO Box 634, Troy, Idaho 83871	
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
		V.125.733 ,	
5.	Mailing address for future correspondence (annual report notices):		
	PO Box 634, Troy, Idaho 83871		
	(Address)		
Ot			
Sigi	nature of organizer(s).		Secretary of State use only
	nature: Lusan H. Li	Desa)
Prin	ted Name: Susan R. Wilson,	Attorney	
			IDAHO SECRETARY OF STATE
Signature:			04/15/2016 05:00 CK:3781046 CT:172099 BH:1523860
			16 100.00 = 100.00 ORGAN LLC #3
Prin	ted Name:		
Rev. 11	2015		

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