

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT -4 AM 9: 19

11	(Instructions on	back of application)		
1.	The name of the limited liabilit	y company is:	SECHETAPY OF STATE STATE OF IDAHO	
2.				
	(Mailing Address, if different than street add	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:			
	Emerson Parsons	2236 Ironwood Driv	ve	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company: Name Address			
	<u>Name</u> Emerson Parsons	2236 Ironwood Driv	re, Idaho Falls, ID, 83402	
5. Mailing address for future correspondence (annual report notices): 2236 Ironwood Drive, Idaho Falls, ID, 83402				
6.	6. Future effective date of filing (optional):			
_	nature of a manager, memberson.	er or authorized		
Cim			Secretary of State use only	
	nature 100 ped Name: Emerson Parsons			
ıyμ	cu name.			
Signature Typed Name:			IDAHO SECRETARY OF STATE 10/04/2012 05:00 CK: 65172 CT: 285441 BH: 1342442 1 8 100.80 = 100.88 ORGAN LLC # 2	
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