

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 MAY -3 AM 8: 38

	(Instructions on bac	k of application)	SECRETARY OF STATE	
1. The name	e of the limited liability co	mpany is:	STATE OF IDAHO	
LIN	EAGE PAIN	VTING L.	L.C.	
The com	lete street and mailing a	ddresses of the initia	al designated/principal office:	
			FAUS 10. 83401	
(Street Add				
(Mailing Ad	Iress, if different than street address)			-
	e and complete street ad		ed agent:	
). THE HAIR	B and complete on our da			
PAUL	KNISS	258 N.	WATER SE!	
(Name)		(Street Address)	10 faus 10. 83402	
		one member or ma	nager of the limited liability	
company			Address sava	•
NA.1	CLD. D. 1204	W ROT MAPLE	Address idento faces wood dr. id. #340! 00 S. Victor id. 83'	
Dur			83	155
				
		<u> </u>		 .
				'k
5. Mailing a	ddress for future corresp	ondence (annual re	port notices):	
80	7 Maplewood	Dr Idaho	Falls Id 8340	<u>'</u>
6. Future e	ffective date of filing (opti	onal):		
				45.
	organizer(s). (An organizer	is a member, or is		*(* [*]
acting in behal	of a member or members).		Secretary of State use only	<u> </u>
Signatura	50			
Signatúre <u></u> Tunod Name	DANCE DANCE	5040N B		
Typed Name	E. VANICE N. MOVE	nskeart 66		
Cianatura 4	they Done	Action Notice Commission Congues Conference Congues Commission Congues Conference Confer	TRANS SECRETARY	y State
Signature	CARY / Day	16 Name	95/93/2910	Ø5:
Typed Name		Age of the state o	LK: /40 LI: 136/63 1 8 199.88 = 189.69	ORGAN L

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