

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 0CT 27 PM 12: 56

	(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:		
	STANDLEE FAMILY MANAGEMENT LLC		
2.	The complete street and mailing addresses of the initial designated office:  1303 12th Avenue South, Nampa, ID 83651  (Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Stephen H. Telford	1303 12th Ave	nue South, Nampa, ID 83651
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Michael Standlee	947 South 1700 East, Eden, ID 83325	
	Whendy Standlee	947 South 1700 East, Eden, ID 83325	
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5.	Mailing address for future correspon	ndence (annua	report notices):
	1303 12th Avenue South, Nampa, ID 836	551	
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member or son.	authorized	
po	. 1 1		Secretary of State use only
Signature Tipano secretary of state			
Тур	ed Name: Michael Standlee, Manager		10/27/2014 05:00 CK:571 CT:273247 BH:1446841
	nature Sherdy Jan	Due.	16 100.00 = 100.00 ORGAN LLC #
Тур	ed Name: Whendy Standlee, Manager		

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