

CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY SEP 21 AM 9: 12

(Instructions on back of application)

•	SECRETARI LA SIAIL
1. The name of the limited liability co	ompany is: STATE OF IDAHO
SOS Storage, LLC	
2. The complete street and mailing at 15783 W. Frost, Worley, ID, 83876 (Street Address)	ddresses of the initial designated office:
(Mailing Address, if different than street address)	
3. The name and complete street add	dress of the registered agent:
Stanley A. Leinen	18274 S. Francis Faire Rd., Worley, ID, 83876
(Name)	(Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	Address
Stanley A. Leinen	18274 S. Francis Faire Rd., Worley, ID, 83876
5. Mailing address for future correspond	ondence (annual report notices):
15783 W. Frost, Worley, ID, 83876	
6. Future effective date of filing (option	onal):
Signature of a manager, member of person.	
	Secretary of State use only
Signature	
Typed Name: Stanley A. Leinen	
Signature	IDANO SECRETARY OF STATE @9/21/2012 @5:00 CK: 18441 CT: 45002 BH: 1340773 1 0 100.00 = 100.00 DRGAN LLC # 2
	

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