

Typed Name: ///

Heather Pruett

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB 10 AM 8: 35

The name of the limited liability con	mpany is:	SECRETARY STATE OF	OF STATE	•
The complete street and mailing ad-		l designated/princip		•
7729 W. I	Estrella Dr. Boise, ID 83	3709		•
	Same as above		,	•
(Mailing Address, if different than street address)  The name and complete street address	ress of the registere	ed agent:		
Vaughn C. Pruett	7729 W. E	strella Dr. Bolse, iD 837	709	
(Name)	(Street Address)			
. The name and address of at least o company:	ne member or man	ager of the limited l	iability	
Name Address				
Vaughn C. Pruett	7729 W. E	strella Dr. Bolse, ID 837	<u>′09</u>	·
Heather Pruett	7729 W. Estrella Dr. Boise, ID 83709			g
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		<u> </u>	······································	• .
Marilian address for fatour assessment				es la
. Mailing address for future correspor 7729 W. I	ndence (annual repo Estrella Dr. Boise, ID 8	·	- 47	
. Future effective date of filing (option	nal):	N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
gnature of organizer(s). (An organizer is a	member, or is			
ting in behalf of a member or members).	ŀ	Secretary of State u	se only	
gnature	QWH:			
yped Name: Vaughn Pruett	forms/cert_org_Rc.PMD	IDM 92/1 CK: 2020	HO SECRETARY ( 0/2010 CT: 244401	OF STATE
ignature white	07/20 07/20	1 2 199.6	100.88	ORGAN L

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