

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 MAY -7 PM 4 17

(instructions on pack of appl	•
. The name of the limited liability company is	is: SECRETARY OF ID
2. The complete street and mailing addresses 1470 N. 750 E., Shelley, ID 83274	of the initial designated office:
(Street Address)	
(Mailing Address, if different than street address)	
. The name and complete street address of t	ihe registered agent:
	N. 750 E., Shelley, ID 83274
(Name) (Street	Address)
. The name and address of at least one men company:	nber or manager of the limited liability
Name	Address
Seth Cannon 1470 N	N. 750 E., Shalley, ID 83274
5. Mailing address for future correspondence	(annual report notices):
1470 N. 750 E., Shelley, ID 83274	
<ol> <li>Future effective date of filing (optional):</li> </ol>	
Simulation of a support of the support	a
Signature of a manager, member or author person.	1200
	Secretary of State use only
signature / Cognets Mesule	_
yped Name; Ryan B. Meikle	IDAHO SECRETARY OF STATE
	05/07/2015 05:00
Signature	CK: PREPAID CT: 12945 BH: 14
Typed Name:	1@ 100.00 = 100.00 ORGAN : 1@ 20.00 = 20.00 EXPEDITE

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