

Signature

Typed Name: Bland

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV -5 PM 2:38

Street Address) PO Box 233 Mailing Address, if different than street address)	
Vailing Address if different than street address)	Declo Idaho 83323
Walling Address, it different than street address)	
ne name and complete street address	of the registered agent:
Katherine Hamilton-Edwards	209 S 1st W Declo Idaho 83323
Name) (St	treet Address)
Name Katherine Hamilton-Edwards	PO Box 233 Declo Idaho 83323
ompany:	<u>Address</u>
Katherine Hamilton-Edwards	PO Box 233 Declo Idaho 83323
Blaine R. Hamilton	PO Box 112 Declo Idaho 83323
Ryan W. Edwards	PO Box 233 Declo Idaho 83323
lailing address for future corresponder	
PO Box 233	3 Declo Idaho 83323
uture effective date of filing (optional):	
ture of organizer(s). (An organizer is a me	mber, or is
in behalf of a member or members).	Secretary of State use only

IDAHO SECRETARY OF STATE

1 1/05/2008 05:00

CK: 1151 CT: 231211 BH: 1143269
1 8 100.00 = 100.00 ORGAN LLC #

