

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **LIMITED LIABILITY COMPANY**

2013 OCT | | AM 9: 07

CE ST	(Instructions on bac	k of applicatio	n)	2. 01	
1.	The name of the limited liability co	ompany is:		SECRETAIN OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office:				
	2383 E 3300 N				
	(Street Address) Twin Falls, ID 83301				
	(Mailing Address, if different than street address)				
3.	The name and complete street address of the registered agent:				
	Chad Clark	d Clark 2383 E 3300 N		N, Twin Falls, ID 83301	
	(Name)	(Street Address			
4.	The name and address of at least one member or manager of the limited liability company: Name Address			•	
	Chad Clark	2383 E 3300	2383 E 3300 N, Twin Fails, ID 83301		
5.	Mailing address for future corresponding 2383 E 3300 N, Twin Falls, ID 83301	ondence (annu	al report notices	s):	
6.	Future effective date of filing (option	onal):			
Sigi	nature of a manager, member o	or authorized			
-	nature <u>Chad Clark</u> ed Name: <u>Chad Clark</u>		Secre	etary of State use only	
Тур	ed Name: Chad Clark				
				IDAHO SECRETARY OF STATE	
Sigr	nature		1.6 ex:	3/11/2013 05:00 1647 CT: 288488 BH: 1393694	
	ed Name:		1 e 1	99.09 = 199.98 ORGAN LLC # 2	

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