

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN -5 AM 8: 46

SECRETARY OF STATE

The complete stre		addresses of the initial designated office:
(Street Address)	J., .D 000E0	
·	arent then alread add	c)
, , ,	erent than street address	
The name and co	ompiete street ac	ddress of the registered agent:
Herb Assel		3864 N 2445 E, Filer, ID 83328
(Name)		(Street Address)
company:	Name	st one member or manager of the limited liability Address
• •	<u>Name</u>	<u>Address</u>
Herb Assel		3864 N 2445 E, Filer, ID 83328
		<u> </u>
-		spondence (annual report notices):
Mailing address 3864 N 2445 E, Fi		spondence (annual report notices):
3864 N 2445 E, Fi	iler, ID 83328	
3864 N 2445 E, Fi	iler, ID 83328	
3864 N 2445 E, Fi	date of filing (opt	otional):
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Typed Name: _____