

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 Aug

	(Instructions on back of a	application)	2016 AUG 25 AM 8: 55
1.	The name of the limited liability compar	ny is:	SECRETARY OF STATE STATE OF DAHO
2.	The complete street and mailing addres 940 S 5TH W APT 10305 REXBURG, ID 8344 (Street Address)	•	ice:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	AUSTIN MCINELLY EVANS 94	0 S 5TH W APT 10305 REXBURG,	ID 83440
	(Name) (St	treet Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	AUSTIN MCINELLY EVANS 94	0 S 5TH W APT 10305 REXBURG,	D 83440
5.	Mailing address for future corresponden 940 S 5TH W APT 10305 REXBURG, ID 8344	•	
6.	Future effective date of filing (optional):		
_	nature of a manager, member or aut	horized	
Sigı	nature Ous Control Manager AUSTIN MCINELLY EVANS	08/25/	state use only RETARY OF STATE 2016 05:00 CT:328278 BH:15434
J 1"			00.00 ORGAN LLC #2
Sig	nature	W170	0984
	ed Name:		