

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 JUL 23 AM 8: 37

(Instructions on back of application)

OFFICE OV OF STATE

The name of the limited liability	company is: SEURLE MY OF STATE OF IDAHO
•	Amy R. Houser, L.L.C.
The complete street and mailing 1243 E. Iron Eagle Dr., Suite 130 Ea	g addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street addre	ess)
The name and complete street a	address of the registered agent:
Amy R. Houser	4733 Patton Pt. Boise, ID 83704
(Name)	(Street Address)
The name and address of at lea company:	ast one member or manager of the limited liability
Name	<u>Address</u>
Amy R. Houser	4733 Patton PI. Boise, ID 83704
<u> </u>	
	,
Mailing address for future corres	spondence (annual report notices):
4733 Patton Pl. Boise, ID 83704	- p
Future effective date of filing (op	otional):
gnature of a manager, member	r or authorized
rson.	Secretary of State use only
gnature Com Chouse	
ped Name: Arny R. Houser	m 95076
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gnature	IDAHO SECRETARY OF STA
ped Name:	97/23/2010 05
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