

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2816 NOV 21 AM 10: 25

. The name of the limited liability co	ompany is:	SECRETARY OF STATE STATE OF IDAHO
<u>-</u>	Unlimited Enterp	
. The complete street and mailing a 2458 Adrianne Way American Falls Ida		e initial designated/principal office:
(Street Address)		
(Mailing Address, if different than street address)		
. The name and complete street add	dress of the re	gistered agent:
Patricia E Cox	2458 Adrian	ne Way American Falls Idaho 83211
(Name)	(Street Address	5)
The name and address of at least company: The name and address of at least company:	one member o	or manager of the limited liability
<u>Name</u>	Address	
Patricia E Cox	2458 Adriani	ne Way American Falls Idaho 83211
_		
 Mailing address for future correspond 		al report notices):
2458 Adrianne Way American Falls Idal	ho 83211	
Common officialities data of 500 and out to	13	
 Future effective date of filing (option) 	nai):	
ignature of a manager, member o erson.	r authorized	
7 1 1 1		Secretary of State use only
ignature Letuice & In		IDAHO SECRETARY OF STAT
yped Name: Patricia E Cox		11/21/2016 05:00
		CK:3389 CT:282328 BH:15
gnature		18 100.00 = 100.00 ORGAN 18 20.00 = 20.00 EXPEDIT
/ped Name:		

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