

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back of application)			
1. The name of the limited liability company is:				**************************************
	ANGIELEN HOLDINGS, LLC			
2.	The complete street and mailing ad	The complete street and mailing addresses of the initial designated office:		
	1192 South 52nd East Idaho Falls, Idaho, 83401			
	(Street Address) P.O. Box 3179 Idaho Falls, Idaho 83403			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Scott Seedall	1192 South f	52nd East Idaho Falls, Idaho 83401	
	(Name)	(Street Address	5)	
4.	The name and address of at least one member or manager of the limited liability			
	company: Name Address			
	Brion Egan	HC 61 Box 1060 Dubois, Idaho 83423		
				
				
5.	Mailing address for future correspor	ndence (annı	ıal report notices):	
	P.O. Box 3179 Idaho Falls, Idaho 83403	· · · · · · · · · · · · · · · · · · ·	,	
6.	Future effective date of filing (option	nal):		
_	nature of a manager, member or	authorized		·
per	son.		Secretary of State use of	nly
Sig	nature StH SIII			
Тур	ped Name: Scott R. Seedall	<u>.</u>		
			IDAHO SECRET	ARY OF STATE
-	nature		05/09/20 CK: 5137 ET: 116	12 05:00 842 BH: 1323436
ıyp	ed Name:	 	1 0 100.00 = 100.	00 organ llc # 1

W113788