



0004259120

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0004259120

Date Filed: 4/28/2021 11:53:27 PM

| Certificate of Organization Limited Liability Company  |  |      |         |                 |                                   |
|--|--|------|---------|-----------------|-----------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)   | Standard (filing fee \$100)  |      |         |                 |                                   |
| 1. Limited Liability Company Name  |  |      |         |                 |                                   |
| Type of Limited Liability Company  | Limited Liability Company  |      |         |                 |                                   |
| Entity name  | SRM LLC  |      |         |                 |                                   |
| 2. The complete street address of the principal office is:   |  |      |         |                 |                                   |
| Principal Office Address   | STEVE MAKINSTER<br>312 DOOLEY LN.<br>NAMPA, ID 83686   |      |         |                 |                                   |
| 3. The mailing address of the principal office is:   |  |      |         |                 |                                   |
| Mailing Address  | 312 DOOLEY LN<br>NAMPA, ID 83686-8225  |      |         |                 |                                   |
| 4. Registered Agent Name and Address   |  |      |         |                 |                                   |
| Registered Agent   | Registered Agent<br>steve makinster<br>Physical Address:<br>312 DOOLEY LN.<br>NAMPA, ID 83686<br>Mailing Address:<br>312 DOOLEY LN<br>NAMPA, ID 83686-8225 |      |         |                 |                                   |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                               |  |      |         |                 |                                   |
| 5. Governors   |  |      |         |                 |                                   |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>steve makinster</td><td>312 DOOLEY LN.<br/>NAMPA, ID 83686</td></tr></tbody></table> |  | Name | Address | steve makinster | 312 DOOLEY LN.<br>NAMPA, ID 83686 |
| Name   | Address  |      |         |                 |                                   |
| steve makinster  | 312 DOOLEY LN.<br>NAMPA, ID 83686  |      |         |                 |                                   |
| Signature of Organizer:  |  |      |         |                 |                                   |
| <i>Steven Ray Makinster</i>  | <i>04/28/2021</i>  |      |         |                 |                                   |
| Sign Here  | Date   |      |         |                 |                                   |

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