

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUN -8 AM 8-4

(Instructions on back of application)

SECRETARY OF STATE

1	The name of the limited liability compa	ny is:	STATE OF IDAH (
	Hymcos, LLC		
2	Fhe complete street and mailing addresses of the initial designated/principal office:		
	602 Syringa Way, Caldwell, ID 83605		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address	of the registered agent:	
	Joseph Austin	602 Syringa Way, Caldw	ell, ID 83605
	(Name) (S	Street Address)	
•	The name and address of at least one company:	-	limited liability
	<u>Name</u> Joseph Austin	Address 602 Syringa Way, Caldw	AII ID 83605
	Joseph Austin	002 Oylinga VVay, Caldio	OII, 1D 00000
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			·
	Mailing address for future corresponder	nce (annual report notices):	•
•	· · · · · · · · · · · · · · · · · · ·	Vay, Caldwell, ID 83605	
ì.	Future effective date of filing (optional):		
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tiı	ng in behalf of a member or members).	Carretz	y of State use only
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_	nature Joseph Austin	org 150	
УF	ped Name(Joseph Austin	Sicert	
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