

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2012 HIN 10 AM 9: 24

	3.79	(Instructions on back	of application)	2013 JUN TO MI STATE	
1.		name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office: 277 N Woodruff Ave Idaho Falls, ID 83401 (Street Address) PO Box 2961 Idaho Falls, ID 83403 (Mailing Address, if different than street address)				
3.	The	he name and complete street address of the registered agent:			
	Mar (Nam	k B Siler	3730 Vision Dr Idaho Fa	ills, ID 83401	
4.	The comp	he name and address of at least one member or manager of the limited liability company:			
	Mar	Name k B Siler	3730 Vision Dr Idaho Fa	Address lls, ID 83401	
5. Mailing address for future correspondence (annual report notices): PO Box 2961 Idaho Falls, ID 83403					
6. Future effective date of filing (optional):					
Sign perse		e of a manager, member or a	uthorized		
•	ature ed Na			Secretary of State use only	
	ature ed Na	me:		IDAHO SECRETARY OF STATE 86/10/2013 05:00 CK: 1724 CT: 284889 BH: 1377338	

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