

CERTIFICATE OF ORGANIZATION 2012 OCT -1 AM 9: 49 LIMITED LIABILITY COMPANY

(Instructions on book of application)

CIN Commence

(instructions on back of application)	LYFE OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
Band L Services L'LC	
2. The complete street and mailing addresses of the initial designated office:	
100 HAPPY TRAILS LN, PINEHURST, ID 83850 (Street Address) PO Box 796 Pine hurst, ID 83850 (Mailing Address, if different than street/address)	
The name and complete street address of the registered agent:	
Lisa Carlson 100 (Name) (Street Address)	tappy Trails Ln Pine hurst, ID 83850
4. The name and address of at least one member or manager of the limited liability company:	
Lisa Carlson Po Box Pine	Address 100 Happy Trailsh
INE	harey ID 0 30 30
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5. Mailing address for future correspondence (annual report notices): Po Box 796 prinehursty ID 83850	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
Signature DD DD	Secretary of State use only
Typed Name: Lisa Carlson	
Signature	
Typed Name:	TROUG SECRETORY OF STO

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10/01/2012 05:00 CK: 1055 CT: 274807 BH: 1341917 1 8 108.00 = 100.00 GRGAN LLC # 2

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