251



CERTIFICATE OF ORGANIZATION 8 PH 4: 47 LIMITED LIABILITY COMPANY

515	(Instructions on back of application) STATE OF IDAHO
1. The name	of the limited liability company is:
	clozline can 110
The comple principal off	ote street address, and mailing address if different and the street address.
139	- Comment of the state of the s
3. The name of address of t	of the commercial registered agent; or the name and complete street the non-commercial registered agent:
Marga	ux Lunceford 139 Bird Dr #22 Ketchum ID 83340
	nd address of at least one member or manager of the limited liability Name Address Address N. Lunce Ford 10 Box 739 Ketchuru 10 83390
_ PO B	ss for future correspondence (annual report notices): ok 739 Ketchuw, ID 83340 ve date of filing (optional):
Signature of an orgon is acting in behalf or members).	ganizer(s). (An organizer is a member, f a required, and existing, initial member
Signature Migu	Secretary of State use only
Typed Name:	largare Luncolord
Signature	IDAHO SECRETARY OF STATE OB/19/2008 05:00
Typed Name:	CK: 143855 CT: 172099 BH: 1132209

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