

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

7815 IAM 20 DM 19- ED

	or approximation,	TRIT JAM ZU FRIZ. 30
1. The name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing add (Street Address)	resses of the initial designated and the second sec	ted office:
(Mailing Address, if different than street address)		
The name and complete street address of the registered agent:		
Angela M. Antrim	(Street Address)	-Caldwell 83605
The name and address of at least one member or manager of the limited liability company:		
Paul G. Antrim Angela M. Antrim	11896 Emerson	St. Caldwell 836
5. Mailing address for future correspond	dence (annual report notice:	s): 2/01×
6. Future effective date of filing (options	al):	
Signature of a manager, member or person.		etary of State use only
Simon Illa Bella le Chictoria		O SECRETARY OF STATE
Typed Name: Arycla M. Autr	01. CX:250724	/20/2015 05:00 8 CT:172099 BH:1457658 = 100.00 ORGAN LLC #2
Signature		
Typed Name:	(N146740