Signature

Signature:

Printed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 typed, \$120 not typed
Complete and submit the application in duplicate.

FILED EFFECTIVE 2018 AUG 24 AM 8: 46
SECRETARY OF STATE

	STATE OF IDAHU
The name of the limited liability	ty company is:
Ghost Industries, LLC	
(Remember to include the v	words "Limited Liability Company." "Limited Company. "or the abbreviations L.L.C., LLC, or LC)
The complete street and maili	ing addresses of the principal office is:
919 Conestoga Crossing C	Challis, ID 83226
(Street Address)	
PO Box 559 Challis, ID 832	226
(Mailing Address, if different)	
The name and complete atrac	at address of the registered equati
•	et address of the registered agent:
Cody Babb	919 Conestoga Crossing Challis, ID 83226
(Name)	(Address)
The name and address of at I	least one governor of the limited liability company:
Cody Babb	919 Conestoga Crossing Challis, ID 83226
(Name)	(Address)
(Name)	(Address)
(Name)	(Adduss)
(Halling)	(Address)
(Name)	(Address)
hdattiaa addaa a farfista aa	
"	rrespondence (annual report notices):
PO Box 559 Challis, ID 832	226
	<u>~~~</u>
(Address)	
(Address) ature of organizer(s).	Secretary of State use only

1@ 100.00 = 100.00 ORGAN LLC #2

08/27/2018 05:00

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