

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY -5 PM 3: 10

SECRETARY OF STATE STATE OF IDAHO

i ne complete street and mailing addres	sses of the initial designated	l/principal office:
	ıntain Rd Boise, ID 83702	
(Street Address)		
(Mailing Address, if different than street address)		
The name and complete street address	of the registered agent:	:
Eric Weaver	2935 North Mountain Rd B	oise, ID 83702
	2935 NOTH MOUREAUT RG B	
	•	*
The name and address of at least one	member or manager of the	limited liability
company: <u>Name</u>	Address	w w k
Eric Weaver	2935 North Mountain Rd Boise, ID 83702	
mail of the transfer		
delling address for follow assumes and	ence (annual report notices):	
viailing address for future corresponde	untain Rd Boise, ID 83702	
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2935 North Mo		
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2935 North More Future effective date of filing (optional) ature of organizer(s). (An organizer is a me	ember, or is	ry of State use only
Future effective date of filing (optional) ature of organizer(s). (An organizer is a me	ember, or is	ry of State use only
Tuture effective date of filing (optional) ature of organizer(s). (An organizer is a median behalf of a member or members).	ember, or is	ry of State use only
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