## FILED EFFECTIVE



Rev. 11/2015

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the soulication in dunificate

2016 OCT 12 PM 12: 27

SECRETARY OF STATE

Compare and anom	ит пъв «bhисалом из <u>оприсяю</u> :	•	STATE OF IDAHO	
The name of the limited llab	ility company is:		STATE OF TOATIO	
RM 2016, LLC				
	words "Limited Liability Company," "E	Imited Company," or the abbre	wations L.L.C., LLC, or LC)	
The complete street and ma	iling addresses of the princ	rinal office is:		
8190 Salmonberry, Hayden	=	apai once is.		
(Street Address)				
P.O. Box 1442, Hayden, ID	83835	:		
(Mailing Address, if different)		· · · · · · · · · · · · · · · · · · ·		
The name of the registered	agent and the street addres	ss of the registered age	ent:	
Reden E. Legaspi	8190 Salmonber	8190 Salmonberry, Hayden, ID 83835		
(Name)	(Address cannot be a por	st office box or postal mail box.)		
	•			
The name and address of at	least one governor of the l	imited liability company	<i>f</i> .	
Reden E. Legaspi	8190 Salmonberry, Hayden, ID 83835			
(Name)	(Address)	,		
(Name)	(Address)			
(Name)	(Address)			
,	W. (1992)			
(Name)	(Address)			
Mailing address for future co P.O. Box 1442, Hayden, ID	, , ,	nt nouces):		
(Address)	03033			
(Madaga)				
nature of organizer(s).				
1/1/2/19		Secretary of State	use only	
nature: 4 delin (2)			•	
ited Name: Reden E. Legaspi	Te	e ohadi	ECRETARY OF STATE	
neu name.			2016 05:00	
		CK:27808 C	T:74458 BH:1549556	
nature:			100.00 ORGAN LLC #	
			CRETARY OF STATE	
nted Name:		10/12	/2016 05:00	

CK: PREPAID CT: 74458 BH: 1550394 16 20.00 = 20.00 EXPEDITE C #2