

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 SEP 20 AM*9 00
SECRE STATE
gnated office:
ent:
3341
of the limited liability
d <u>ress</u> 3341
ices):
Secretary of State use only
IDAHO SECRETARY OF STATE

Signature Kelc. Kelly Typed Name: Kelc. Kelly Signature IDAHO SECRETARY OF STATE		. The name of the limited liability company is:		SEORE TO STATE	
(Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Kelci Kelty (Name) 368 Fafnir Dr Kimberly Id 83341 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Kelci Kelty 368 Fafnir Dr. Kimberly Id 83341 5. Mailing address for future correspondence (annual report notices): 342 Blue Lakes Blvd N Twin Falls, Idaho 83301 6. Future effective date of filling (optional): Signature of a manager, member or authorized person. Signature Signature Signature Signature Signature Signature Signature Signature	3	42 Blue Lakes Blvd N Twin Falls, Idaho	ddresses of the initia 83301	Il designated office:	
368 Fafnir Dr Kimberly Id 83341 Kelci Kelly 368 Fafnir Dr Kimberly Id 83341 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Kelci Kelly 368 Fafnir Dr. Kimberly Id 83341 5. Mailing address for future correspondence (annual report notices): 342 Blue Lakes Blvd N Twin Falls, Idaho 83301 6. Future effective date of filling (optional): Signature of a manager, member or authorized person. Signature		<u> </u>			
Kelci Kelly (Name) 368 Fafnir Dr Kimberly Id 83341 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Kelci Kelly 368 Fafnir Dr. Kimberly Id 83341 5. Mailing address for future correspondence (annual report notices): 342 Blue Lakes Blvd N Twin Falls, Idaho 83301 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Kelci Kelly Signature	A)	Mailing Address, if different than street address)			
(Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Kelci Kelly 368 Fafnir Dr. Kimberly Id 83341 5. Mailing address for future correspondence (annual report notices): 342 Blue Lakes Blvd N Twin Falls, Idaho 83301 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature	3. Th	The name and complete street address of the registered agent:			
4. The name and address of at least one member or manager of the limited liability company: Name Address Kelci Kelly 368 Fafnir Dr. Kimberly Id 83341 5. Mailing address for future correspondence (annual report notices): 342 Blue Lakes Blvd N Twin Falls, Idaho 83301 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature	K	Kelci Kelly 368 Fafnir Dr Kimber		rly ld 83341	
Signature	<u>()</u>	lame)	(Street Address)		
5. Mailing address for future correspondence (annual report notices): 342 Blue Lakes Blvd N Twin Falls, Idaho 83301 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Kelly Typed Name: Kelly Signature Signature Signature Signature Signature Signature Signatur	4. Th	mpany:	one member or man		
5. Mailing address for future correspondence (annual report notices): 342 Blue Lakes Blvd N Twin Falls, Idaho 83301 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature	K	elci Kelly			
6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Kelly Typed Name: Kelly Signature R9/23/2813 85-28	5. Ma	iling address for future correspor	ndence (annual repo	ort notices):	
Signature Kelc Kell Typed Name: IDAHO SECRETARY OF STATE					
Signature Kelci Kelly Typed Name: Kelci Kelly Signature IDAHO SECRETARY OF STATE			authorized		
SignatureSTATE	Olara -ti-	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Secretary of State use only	
Ognoture	Signatu Typed I	vame: Kelce Kelly	+		
Typed Name:	Signatu	re		IDAHO SECRETARY OF STATE	
	Typed N	Name:		CK: 1605 CT: 213318 BH: 1390996 1 @ 100.00 = 100.00 ORGAN LLC # 2	