

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 FEB 14 AM 9: 13

4	The name of the limited liability comp	nany is: SECELIAH OF STA
1.		STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated office:		resses of the initial designated office:
	1836 ELBA AVENUE, BURLEY, ID 83318	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	DUSTIN CARLSON	1836 ELBA AVENUE, BURLEY, ID 83318
	(Name)	(Street Address)
4.	he name and address of at least one member or manager of the limited liability ompany:	
	<u>Name</u>	Address
	DUSTIN CARLSON	1836 ELBA AVENUE, BURLEY, ID 83318
	DUSTY CARLSON	1836 ELBA AVENUE, BURLEY, ID 83318
5.	5. Mailing address for future correspondence (annual report notices):  1836 ELBA AVENUE, BURLEY, ID 83318	
•	Future effective date of filing (option	nal):
О.	Future effective date of filling (option	
	gnature of a manager, member or	authorized
pe	rson.	Secretary of State use only
Się	gnature Dusty Calson	
Ту	ped Name: DUSTIN CARLSON	

IDAHO SECRETARY OF STATE

02/14/2013 05:00

CK: 16684 CT: 93701 BH: 1360248
1 0 100.00 = 100.00 ORGAN LLC # 2

Signature\_\_\_

Typed Name: \_\_\_\_\_