9/21/2012



CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JAN 26 PM 2: 55

(Instructions on back of application)

1. The name of the limited liability company is:

SECRETARY OF STATE STATE OF IDAHO

	3704		
(Street Address)			
(Mailing Address, if different than street	et address)		
he name and complete st	reet address of the re	egistered agent:	
Michael L. Sety	4629 Mt. Vie	ew Dr., Boise ID 83704	
(Name)	(Street Addres	(Street Address)	
ompany: <u>Name</u>		or manager of the limited liability Address	
Michael L. Sety	4629 Mt. Vie	ew, Dr. Boise ID 83704	
	,		
	·		
lailing address for future o	•	ual report notices):	
lailing address for future o	•	ual report notices):	
	704	ual report notices):	
4629 Mt. View Dr., Boise ID 83 uture effective date of filin	g (optional):	ual report notices):	
uture effective date of filinature of a manager, men	g (optional):	ual report notices): Secretary of State use only	
4629 Mt. View Dr., Boise ID 83 uture effective date of filin	g (optional):		

cert_org_lic Rev. 07/2010