

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JUN -6 AM 9: 18

(Instructions on back of application)

SEC. BY OF STATE

1. The name of the limited liabil	ity company is:	OTALE, OF IDARU	
	E and A Enterprises, L	LC	
2. The complete street and mail	•	nitial designated/principal office:	
(Street Address)			
(Mailing Address, if different than street ad	idress)		
3. The name and complete stree		tered agent:	
Jennifer L. Boyd		653 W. Kingsley St., Meridian, ID 83646	
(Name)	(Street Address)	(Street Address)	
4. The name and address of at le	east one member or n	nanager of the limited liability	
<u>Name</u>		Address	
Jennifer L. Boyd	653 W. Kingsley	653 W. Kingsley St., Meridian, ID 83646	
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5. Mailing address for future corr	espondence (annual r	report notices):	
653 W. Kingsley St., Meridian, ID 8	33646		
i. Future effective date of filing (	optional):		
	•		
ignature of a manager, memb	er or authorized		
ignature / Land 1. Km	45	Secretary of State use only	
yped Name: Mark T. Peters, Sr.			
		IDAHO SECRETARY OF STATE	
ignature		06/06/2011 05:0 CK: 1011 CT: 258173 BH: 1276	
yped Name:		1 @ 100.00 = 100.00 GRGAN LLC	

W10393Z