

Signature:____

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

FILED EFFECTIVE

	Complete and subn	nit the application in duplicate.	STATE OF IDAHO	
1.	The name of the limited liab	ility company is:		
	SIKTEL IDAHO, LLC			
	(Remember to include the w	ords "Limited Liability Company," "Limited	Company," or the abbreviations L.L.C., LLC, or LC)	
 2. 3. Sigr Sigr 	The complete street and ma	ailing addresses of the princi	pal office is:	
	209 NW MAIN ST BLACK	FOOT, IDAHO 83221		
	(Street Address)			
	PO BOX 986 BLACKFOOT	, IDAHO 83221		
	(Mailing Address, if different)			
3.	The name and complete str	eet address of the registered	d agent:	
	JEFFREY D CLARK	209 NW MAIN ST	BLACKFOOT, IDAHO 83221	
	(Name)	(Address)		
4.	The name and address of a	t least one governor of the li	mited liability company:	
7.	HIRA SIKTEL	2826 HILL VIEW DR POCATELLO, IDAHO 83201		
	(Name)	(Address)		
	(Name)	(Address)		
		(autosoj		
	(Name)	(Address)		
	(Name)	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	PO BOX 986 BLACKFOOT, IDAHO 83221			
	(Address)	, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
01				
_	nature of organizer(s).		Secretary of State use only	
Prir	nted Name: JEFFREY D CLAF	RK		
	VIAn	MA 1	IDAHO SECRETARY OF STATE	
Sig	nature:	ven	10/17/2017 05:00	
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Prin	ited Name:	\ \	The second secon	