

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 MAY -7 AM 8: 29

(Instructions on back of application)

SECRETARY OF STATE

	STATE OF IDAME
The name of the limited liability co	ompany is: STATE OF IDAHO
Nisson	4th Street, LLC
The complete street and mailing ac	ddresses of the initial designated/principal office:
	1150 East, Shelley, Idaho 83274
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street add	dress of the registered agent:
Donald C. Nisson	1201 North 1150 East, Shelley, Idaho 83274
(Name)	(Street Address)
The name and address of at least of company:	one member or manager of the limited liability Address
Donald C. Nisson	1201 North 1150 East, Shelley, Idaho 83274
Ruth A. Nisson	1201 North 1150 East, Shelley, Idaho 83274
Mailing address for future correspo	ondence (annual report notices):
•	1150 East, Shelley, Idaho 83274
	1150 East, Shelley, Idaho 65274
	1150 East, Shelley, Idano 65274
Future effective date of filing (optio	
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