

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 APR 13 AM 10: 08

W150330

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability	company is:
	company to:
GN LOWRY CAPITAL, LLC	
The complete street and mailing	addresses of the initial designated office:
940 S 5TH WEST APT 16308 REXB	
(Street Address)	
(Mailing Address, if different than street addre	ss)
The name and complete street a	address of the registered agent:
GRAHAM NELSON LOWRY	940 S 5TH WEST APT 16308 REXBURG, ID 83440
(Name)	(Street Address)
The name and address of at lea company:	st one member or manager of the limited liability
Name	<u>Address</u>
GRAHAM NELSON LOWRY	940 S 5TH WEST APT 16308 REXBURG, ID 83440
Old Hall House Lot	
. Mailing address for future corre	spondence (annual report notices):
940 S 5TH WEST APT 16308 REXE	BURG, ID 83440
Future effective date of filing (or	otional):
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ignature of a manager, membe	r or authorized
erson.	Secretary of State use only
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yped Name: GRAHAM NELSON LOV	
	CK:106 CT:308858 BH:1470 1@ 100.00 = 100.00 ORGAN L

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