251

## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

	(Instructions on back	of application)	2010 AUG 27 PM 4: 54
1.	The name of the limited liability com		SEURETARY OF STATE STATE OF IDAHO
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_	H Chip and A Chair	r poker leagu	le Lec
2. The complete street and mailing addresses of the initial designated/princip			
	504 Hankins Rd. S	himberly,	Id 83341
	(Street Address)	•	
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Cary D. Moser	504 Hankins (Street Address)	Rd S. Kimbedy, IS 83341
4.	company:		
	Name Name	Add	<u>Iress</u>
	Cary D. moser	504 Hankins K	d S. Kimberly, ID
5. Mailing address for future correspondence (annual report notices):			
504 Hankins RdS. Kimberly, Idaho 83341			
	SUY HALLOUD RAS.	1 INNOCHIA, L	nares sooii
6. Future effective date of filing (optional):			
	The control of the co		
Signature of a manager, member or authorized			
_	son.		Occupation of Otals
	1 2 1 01		Secretary of State use only
Signature ( My ( ) V ( ) Signature ( ) Signa			
Typed Name: <u>Cary D. Moser</u>			
Signature			
_	ed Name:		IDAHO SECRETARY OF STATE
		1	MAZIMZOLU UJIVU

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CK: 502882 CT: 172099 BH: 1236693 1 0 100.00 = 100.00 ORGAN LLC # 2