

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back of applicati	10 OCT 22 PN 12: 41
1 7	The name of the limited liability company is:	STATE OF IDAHO
		· ·
2 1	he complete street and mailing addresses of t	ha initial designated/principal effica-
	6912 Leis-a La	ne initial designated/principal office:
	(Street Address) NAMOA IO (Mailing Address, if different than street address)	_
3. Т	he name and complete street address of the r	6914
	Kie Eventt K	1
	(Name) (Street Address	NAMED 19 83687
	he name and address of at least one member ompany:	
	<u>Name</u>	<u>Address</u>
	111111111111111111111111111111111111111	in the second
	Kip Eucsitt 6912	2 Leisure La
,	NAM	PA IN 93687
5. M	lailing address for future correspondence (ann	ual report notices):
-	701 Parksile Way NAM	
6. F	uture effective date of filing (optional):	
Signa perso	iture of a manager, member or authorized	
•		Secretary of State use only
Signa	ture hiphs	
Typed	ture <u>kip</u> <u>Kip</u> <u>Fuerit</u>	IDANO SECRETARY OF STATE
Signa	ture	10/22/2010 05:00 CK: CASH CT: 252217 BH: 1244271 1 0 100.00 = 100.00 ORGAN LLC # 2
	Name:	1,07415

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