



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2013 JUL 12 PM 1:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

STAGECOACH WAY ENTERPRISES LLC

2. The complete street and mailing addresses of the initial designated office:

12375 W CHINDEN BLVD STE B BOISE IDAHO 83713

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

DAYLE R BLAMIRE

(Name)

566 E CHATEAU DR MERIDIAN ID 83646

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

FLOYD L BLAMIRE

418 E STAGECOACH WAY KUNA ID 83634

BARBARA J BLAMIRE

418 E STAGECOACH WAY KUNA ID 83634

DAYLE R BLAMIRE

566 E CHATEAU DR MERIDIAN ID 83646

5. Mailing address for future correspondence (annual report notices):

12375 W CHINDEN BLVD STE B BOISE IDAHO 83713

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: DAYLE R BLAMIRE

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/12/2013 05:00
CK: 1475611 CT: 172099 BH: 1301856
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