



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 JUN -9 AM 9:38

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

KYLE GAGNON, LLC

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

515 1/2 S 8TH AVE POCA TELLO, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

KYLE GAGNON

515 1/2 S 8TH AVE POCA TELLO, ID 83201

(Name)

(Street Address)

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

Name

Address

KYLE RICHARD GAGNON

515 1/2 S 8TH AVE POCA TELLO, ID 83201

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

515 1/2 S 8TH AVE POCA TELLO, ID 83201

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

KYLE RICHARD GAGNON

Signature

Typed Name:

Secretary of State use only  
IDAHO SECRETARY OF STATE

06/09/2014 05:00

CK:112 CT:297754 BH:1428321

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