



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2014 FEB -5 AM 8:58

1. The name of the limited liability company is:

Fromover 9 LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

1910 East 500 North, St Anthony, ID 83445

(Street Address)

(Mailing Address, if different than street address)

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

David Crapo

(Name)

1910 East 500 North, St Anthony, ID 83445

(Street Address)

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

**Name**

**Address**

David Crapo

1910 East 500 North, St Anthony, ID 83445

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

1910 East 500 North, St Anthony, ID 83445

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*David Crapo*

Typed Name: David Crapo

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/05/2014 05:00  
CK: 6242 CT: 174657 BN: 1409265  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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