

CERTIFICATE OF ORGANIZATION FILED ELECTIVE LIMITED LIABILITY COMPANY

10 OCT 12 AM 10: 40

₹61×	(Instructions on back	of application)
. The	name of the limited liability com	STATE OF STAT
	complete street and mailing add	dresses of the initial designated/principal office:
Na	eet Address) mpa, ID 83651	
(Ma	iling Address, if different than street address)	
. The	The name and complete street address of the registered agent:	
_	nn McConnell	52 So. Grays Lane, Nampa, ID 83687
(Na	me)	(Street Address)
	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
De	borah Killeen	2625 Sunflower Dr., Nampa, ID 93686
Tir	na Allen	3048 NW High Desert Way, Meridian ID 83646
Dia	ne Hampton	835 West Tooele Dr., Nampa, ID 83686
Lyı	nn McConnell	52 So. Grays Lane, Nampa, ID 83687
5. Mai	ling address for future correspon	dence (annual report notices):
	24 - 1st Street South, Nampa, ID 83651	• "
5. Futi	ure effective date of filing (option	al):
	re of a manager, member or	authorized
erson. ignatu	m McConnell	Secretary of State use only

IDAHO SECRETARY OF STATE
10/12/2010 05:00
CK: 1694 CT: 251926 BH: 1242567
1 0 100.00 = 100.00 ORGAN LLC # 2

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Typed Name: Deborah Killeen

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