

Typed Name: \_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 17 AM 8: 58

SECRETARY OF STATE STATE OF IDAHO

The complete street and mailing address	sses of the initial designated/principal offic
	Il St., Boise, Id 83709
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address	s of the registered agent:
Virginia Ward	1755 Vinnell St., Boise, Id 83709
(Name) (S	Street Address)
The name and address of at least one	member or manager of the limited liability
The name and address of at least one r company:	member of manager of the inflited hability
<u>Name</u>	<u>Address</u>
Virginia Ward	1755 Vinnell St., Boise, ld 83709
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en e	
The state of the s	
Mailing address for future corresponder	
1755 Vinnel	ll St., Boise, Id 83709
Future effective date of filing (optional):	·
nature of organizer(s). (An organizer is a me ng in behalf of a member or members).	ember, or is
ng in benait of a member of members).	Secretary of State use only
gnature X//eramen/, Saul	<u>)                                    </u>
ped Name: Virginia Ward	
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and the second of the second o	LEG IDMIG ACAINA.

CK: 2636 CT: 231504 BH: 1144749 1 8 100.00 = 100.00 ORGAN LLC # 2

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