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FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JON 18 AM 49: 35

SECRETARY OF STATE STATE OF IDAHO

100	(Instructions on back of application	STATE OF IDAHO
1. The nam	ne of the limited liability company is:	
K	P Hagrenates 11C	
Z. THE COM	piete street and mailing addresses as u	initial designates to the
176	9 Tackson Ba Illuser	TY STATE
(Street Addi	Box God War To	-D 036/2
(Malling Add	9 Tackson Rd., Weiser, TD (gress, if different than street address)	3672
3. The name	e and complete street address of the regis	stered agent:
(Name)	R Pomeroy 1769 Ja (Street Address)	ckson Ra. Weiser, ID
4. The name company:	and address of at least one member or r	8367点 manager of the limited liability
Kelly	R. Pomeroy P.O. Box 6	of, Weiser, ID 83672
<u> 7.0. D</u>	iress for future correspondence (annual n OX 479, WIIIISton, NO E	eport notices):
6. Future effec	ctive date of filing (optional):	
Signature of a person.	manager, member or authorized	
Signature	× OBS	Secretary of State use only
Typed Name:	Lesly of Pomeroy	IDANO SECRETARY OF STATE
Signature		06/18/2014 05:00 CK:1984392 CT:172099 BH:142
Typed Name:		16 100.00 = 100.00 DRGAN L

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