

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) 09 NOV -2 AM 9: 27

		• • •
. The name of the limited liability co	mpany is:	SECRETARY OF STATE
	Goodonedad, LLC	STATE OF IDAHO
The complete street and mailing ac	ddresses of the initiate	
(Street Address)	neat Court, Runa, Idark	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
48. V A	same	
(Mailing Address, if different than street address)		
The name and complete street add	ress of the register	ed agent:
Robert Lowell Bean, Jr.	1348 W. Who	eat Court, Kuna, Idaho 83634
(Name)	(Street Address)	
The name and address of at least of company:	one member or mar	nager of the limited liability
Name	Address	
Robert Lowell Bean, Jr.	1348 W. Whe	eat Court, Kuna, Idaho 83634
		*
Mailing address for future correspon	adones (appus) ron	ort national:
Mailing address for future corresponding	heat Court, Kuna, idaho	·
	iodi oodig Hariag Iodilo	
Future effective date of filing (option	nal):	n/a
		:
nature of organizer(s). (An organizer is a	member or is	
ng in behalf of a member or members).		
	a di	Secretary of State use only
nature	ALLC formstoart_org_fc.PMD	
ped Name: Robert Lowell Bean,	Jr.	
	formst 2008	IDAHO SECRETARY OF STATE
gnature	1 03/C	11/02/2009 05:0 CK: 329075 CT: 172099 BH: 1193

Typed Name: