

Typed Name:

## CERTIFICATE OF ORGANIZATIONED EFFECTIVE LIMITED LIABILITY COMPANY

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	(Instructions on back	• •
1.	The name of the limited liability com	npany is: SECRETARY OF STATE STATE OF IDAHO
	Hathaway Developme	ent, LLC
2.	The complete street and mailing add 5634 S. Yellowstone Hwy.	dresses of the initial designated office:
	(Street Address) Idaho Falls, Idaho. 83402 (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Kurt Hathaway	5634 S. Yellowstone Hwy. Idaho Falls, Id. 83402
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	Kurt Hathaway	5634 S. Yellowstone Hwy. Idaho Falls, Id. 83402
5.	Mailing address for future correspon	idence (annual report notices):
	5634 S. Yellowstone Hwy. Idaho Falls, id.	83402
6.	Future effective date of filing (option	al):
_	nature of a manager, member or son.	authorized
-	nature 12 de la	Secretary of State use only
_	ped Name: Kurt Hathaway	
Sig	nature	IDAMO SECRETARY OF STATE

CX: 2624 CT: 226750 BH: 1320358 1 0 100.00 = 100.00 ORGAN LLC # 2

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