

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 NOV 30 AM 11: 24

(Instructions on back of application)

	(IIISTI dell'Olis Oli bach	t or application)	SCURE TAKE UP STATE	
1. The name of	of the limited liability cor	mpany is:	STATE OF IDAHO	
Lillysdeals,	•	inpurity to:		
-	. The complete street and mailing addresses of the initial designated office:			
	wagon st, Boise, Idaho 8371	3		
(Street Address) 91093 Boise, Idaho 83719			
	s, if different than street address)			
3. The name a	and complete street add	ress of the registered	agent:	
Lilly Palacio	Lilly Palacios 3619 Chi		huckwagon st, Boise, Idaho 83713	
(Name)	(Name) (St		(Street Address)	
company;	<u>Name</u> s	Address 3619 Chuckwagon st. Boise, Idaho 83713		
Lilly Palacio	\$ 	3619 Chuckwagon st, Boise, Idaho 83713		
_	ress for future correspoi wagon st, Boise, Idaho 8371	,	t notices):	
3. Future effec	ctive date of filing (option	nal):		
		•		
Signature of a erson.	manager, member or	authorized		
.013011.			Secretary of State use only	
ignature	dance			
_	Lilly Palacios			
, pod 1401110	.			
tianaturo			IDAHO SECRETARY OF STATE	
ignature			11/30/2012 05:00 CK: 1210050 CT: 172099 BH: 13494	
vned Name:			1 0 188.00 = 100.00 ORGAN C #	

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