THE PARTY OF THE P

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 SEP 14 AM 9:10

1.	The name of the limited liability con	npany is: SECALLY (SIALE OF L	DE STATE DAHO
2.	The complete street and mailing addresses of the initial designated/principal office: 1229 Overland Avenue, Burley, ID 83318 (Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Raymond J Hohosh	1229 Overland Avenue, Burley, ID	33318
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Raymond J Hohosh	1229 Overland Avenue, Burley, ID	33318
	Sonia C Hohosh	1229 Overland Avenue, Burley, ID	83318
			18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
5.	Mailing address for future correspondence (annual report notices): 1229 Overland Avenue, Burley, ID 83318		
6.	. Future effective date of filing (optional):		
	nature of a manager, member or son.	authorized	
hei)	Secretary	of State use only
Sia	nature		

IDAHO SECRETARY OF STATE

99/14/2011 95:00

CK: 592 CT: 262446 BH: 1290399
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avmond J Hohosh

Typed Nan

Signature (

Typed Name: Sonia C Hohosh