251



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2013 OCT -9 PM 3: 43

	(Instructions on	pack of application)	SECRETARY OF STATE STATE OF IDAHO
1. Th	The name of the limited liability company is:		OTALE OF IDAME
	FW LLC		
2. Th	The complete street and mailing addresses of the initial designated office: 5990 Gieneagles Dr. Idaho Falls ID 83401		
(8	(Street Address)		
(N	(Mailing Address, if different than street address)		
3. Th	The name and complete street address of the registered agent:		
G	ery Wight	5990 Gleneagles Dr. Idaho Falls ID 83401	
(N	ame)	(Street Address)	
4. The	The name and address of at least one member or manager of the limited liability company:		
G	ary Wight	Address 5990 Gleneagles Dr. Idaho Falls ID 83401	
			
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C 44.	1D.,		
	iling address for future corres		notices):
	990 Gieneagies Dr Idaho Falls ID	83401	
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o. rui	ture effective date of filing (or	itional):	
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Signati person.	ure of a manager, member	or authorized	
person.	407		Secretary of State use only
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	Name:		IDAHO SECRETARY OF STATE
- 			10/09/2013 05:0 CK: NONE CT: 113824 RH: 13933

9/21/2012

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