

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

MIRMAD 10 AM A

(Instructions on b		on back of application)	2013 HAN 10 AM 9: 12	
1,	The name of the limited liab	ility company is:	SECRETARIA STATE	
2.	The Control of the Co			
۷.	The complete street and mailing addresses of the initial designated office: 3156 john adams pkwy, idaho falls id 83406			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	tyler jones	3156 john adams pkv	vy, idaho falls id 83406	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:  Name  Address			
	<del></del>		pkwy, idaho falls id 83406	
			·	
5.	Mailing address for future con	rrespondence (annual repo	ort notices):	
	3156 john adams pkwy, idaho fal	ls id, 83406		
6	Eutura affective data of filing	(antional):		
Ų.	Future effective date of filing	(optional).		
_	nature of a manager mem	ber or authorized		
PUI		7/	Secretary of State use only	
Sigi	nature			
	and Alamana, thick innee			
Тур	ed Name: tyle jones			
	nature		IDAHO SECRETARY OF STATE	

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