

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 JUL -9 AM 8: 19

(Instructions on back of application)

1. The name of the limited lia	bility company is:	SECREMAY OF STATE STATE OF IDAHO	
	Billie Rae Enterpris	es, LLC	
•	ailing addresses of th	e initial designated/principal office:	
(Street Address)	Last (Wei Road, Filti), ic	100	
(Mailing Address, if different than stree	l address)		
The name and complete str		gistered agent:	
Tami S. Haney		st River Road, Firth, Idaho 83236-1109	
(Name)	(Street Address	s)	
The name and address of a company:	at least one member o	or manager of the limited liability	
<u>Name</u>		<u>Address</u>	
Tami S. Haney	435 Ea	435 East River Road, Firth, Idaho 83236-1109	
h///			
5. Mailing address for future of	correspondence (anni	ual report notices):	
"	East River Road, Firth, Id		
6. Future effective date of filin	g (optional):		
Signature of organizer(s). (An org			
acting in behalf of a member or meml	bers).	Secretary of State use only	
Signature Jami S	Haney	III. PMD	
Typed Name: Tami S. /	Haney	٦٠٥٠ الـ 10.00 الـ 1	
		TRAIN PERPETABLY OF STATE	
Signature		IDAHO SECRETARY OF STATE	
Typed Name:		CK: 23314 CT: 1793 BH: 122993 1 @ 100.00 = 100.00 ORGAN LLC #	

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