

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

FILED EFFECTIVE 2815 FEB 18 PM 1: 54

	(Instructions on back of application)		SECHETARY OF STATE STATE OF IDAHO	
1.	The name of the limited liability company is:			STATE OF IDAHO
	Linsenmann LLC			
2.	The complete street and mailing addresses of the initial designated office:			
	3473 E 450 N, Lewisville, ID 83431			
	(Street Address) PO Box 191, Lewisville, ID 83431 (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Linda Linsenmann	3473 E 450 N	I, Lewisville, ID 83431	
	(Name)	(Street Address	)	
	Name Linda Linsenmann	3473 E 450 N	Address  N. Lewisville, ID 83431	
5.	Mailing address for future correspondence (annual report notices): PO Box 191, Lewisville, ID 83431			
6.	Future effective date of filing (option		t time consumprison	
_	nature of a manager, member o	or authorized		
•	Λ Λ	3	Secretary	of State use only
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Тур	ed Name: Linda Linsenmann		· ·	SECRETARY OF STATE     18/2015 05:00
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