

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN 23 AM 9: 12

1.	The name of the limited liability com	npany is:	SECREPARY OF STATE STATE OF IDAHO
	Clos	sed 4 Business, LLC	
2.	The complete street and mailing add 948 West Bryan, Pocatello, ID 83201	dresses of the initial designa	ated/principal office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Sara Jayne Chipman	948 West Bryan, Pocatello, ID	83201
	(Name)	(Street Address)	
4.	The name and address of at least or company:	ne member or manager of t	he limited liability
	<u>Name</u>	Addres	
	Sara Jayne Chipman	948 West Bryan, Pocatello, ID	
			<u> </u>
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5.	Mailing address for future correspon	dence (annual report notice	es):
	948 West Bryan, Pocatello, ID 83201		
_			
6.	Future effective date of filing (option	al):	
-	nature of a manager, member or son.	authorized	
•		Sec	retary of State use only
Sig	nature Jan Jayne Chipman	lupnar	
Ту	ped Name: Sara Jagne Chipman		
Sig	nature		IDANO SECRETARY OF STATE
_	ped Name:		36/23/2011 05:00 (: 6045 CT: 260060 BH: 1279723

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CK: 6945 CT: 269969 BH: 1279723 1 9 188.88 = 188.88 ORGAN LLC N 2

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