

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -3 AM 8:31

	001
<ol> <li>The name of the limited liability compan</li> </ol>	ny is: SECRETARY OF STATE
ska	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing address	ses of the initial designated/principal office:
	st. middleton,id 83644
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address	
sorin bodoku	1390 new york st. middleton,id 83644
	treet Address)
, i	· · · · · · · · · · · · · · · · · · ·
. The name and address of at least one n	nember or manager of the limited liability
company:	
Name	Address
sorin bodolu	1390 new york st. middleton,id 83844
	the state of the s
	· · · · · · · · · · · · · · · · · · ·
. Mailing address for future corresponden	nce (annual report notices):
	k st. middleton,id 83644
3. Future effective date of filing (optional):	
. I dimid discours date of many (absorbed).	· #
	makan aris
ignature of organizer(s). (An organizer is a mer ting in behalf of a member or members).	: <u>:</u>
	Secretary of State use only
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ignature	IDAND SECRETARY OF STATE
yped Name:	\$\delta \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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