

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10179	(Instructions on	back of application)	2013 N O	V -1 AM 8: 54
	of the limited liability	* * *	SECRE STA	JAMY OF STATE TE OF IDAHO
2. The comp	lete street and mailing	g addresses of the init	ial designated office:	
1411	SOUTH MI	addresses of the init	#5B Bel	LEVUE, ID
(Street Addre PO BO (Mailing Addr	ss) X 3701 , HA ess, if different than street addr	1LCY, ID 833	3	93313
3. The name	and complete street	address of the registe	red agent:	
ALEX /	MCPHERSON	(Street Address)	ST., #5B BELLEVA	(<u>e, 1</u> 3 83313
4. The name company:	and address of at lea	ast one member or ma	nager of the limited lia	ability
	<u>Name</u>	1111	Address	
ALEX MO	PHERSON	1411 S. MACN S	ST. + 3B BELLEVA	e, IV 83213

E \$4.00	-l £ £			
_		spondence (annual re		
PU BU	K 3701) TI	AILLY ID 83	<i>252</i>	
6. Future effe	ective date of filing (o	ptional):		
= '	a manager, membe	r or authorized		
person.	7-		Secretary of State use	e only
Signature	Mu			
Typed Name:	ALEX MCP	HERSON		
Olements			IDAHO SECRET	ARY OF STATE
				13 05:00
. Jpou Haine.	***		1 F 100.00 = 198.	MAN TRECON II C # 2

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