

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Typed Name: Leslie Guier

10 JUN 10 AM 9: 16

SECRETARY OF STATE STATE OF IDAHO

Fich In	nlimited, LLC
	ddresses of the initial designated/principal office:
(Street Address)	as Ridge Road, Deary, ID 83823
(Street Address)	
(Mailing Address, if different than street address)	
. The name and complete street add	dress of the registered agent:
Leslie Guier	2050 Texas Ridge Road, Deary, ID 83823
(Name)	(Street Address)
	$m{e}_{i}$
. The name and address of at least	one member or manager of the limited fiability
company:	
<u>Name</u>	Address
Gabe Guier	2050 Texas Ridge Road, Deary, ID 83823
And the second s	
Leslie Guier	2050 Texas Ridge Road, Deary, ID 83823
	*
	je .
Mailing address for future correspo	ondence (annual report notices):
2050 Texas R	Ridge Road, Deary, ID 83823
3000 20100 10	
Future effective date of filing (optio	onal):
(	
	3. 1
gnature of organizer(s). (An organizer is	a member, or is
ing in behalf of a member or members).	Secretary of State use only
moture #	
gnature Cabo Carlos	IBOHO SECRETARY OF STA
ped Name: <u>Gabe Guier</u>	
N - 2 0	IBOHO SECRETARY OF STI
gnature Lesly the	O6/10/2016 to Ok: 9826 CT: 69462 BH:

W94046