

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

09 APR 29 AM 8: 39

	(Instructions on ba	ick of applicatio	n) SECOT	~ · · · · ·	
1.	The name of the limited liability of	company is:	STATI	TARY OF STATE E OF IDAHO	
	·	Signature Aesthe	eti <b>cs</b> <sub>LLC</sub>	-י יטארוט	
2.	The complete street and mailing a			/principal office:	•
		71 Reveille Lar			_
	(Street Address)	Sandpoint, Idaho 8	33864		-
	(Mailing Address, If different than street address	3)			•
3.	The name and complete street address of the registered agent:				Sy .
	Nancy I. Andrews	71 Re	eveille Lane Sandpoint,	, Idaho 83864	200 - 100 -
	(Name)	(Street Address)			•
			*1. *		- ·
4.	The name and address of at least company:	t one member o	or manager of the li	mited liability	
	Name	•	Address		
	Nancy I. Andrews		as above	·	
	1987 - 17,077 - 5,658-843-843-843-8				
		The second secon			Albertan A
		<u> </u>			•
					rt
-			, w <sub>e</sub> ,		
5.	Mailing address for future corresp	ondence (annu	al report notices):		
	71 Reve	ille lane Sanpoint,	Idaho 83864		
_	Fortune after the D. C. P. C. C. C.	Samuel No.			•
ij.	Future effective date of filing (opti	ionai):			
رساي	natura of organizacio).				
_	nature of organizer(s). (An organizer in ng in behalf of a member or members).	is a member, or is	:	. *	
		~		of State use only	
Sigi	nature <u>comon D</u> Ondre	سک		-	
Тур	ed Name: Nancy I. Andrev	vs	ant of		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	17 2008 on _ loc Place   Commission _ Commis	IDAHO SECRETARY OF STA	TE . OA
Sign	nature <u> </u>	tax _	CX: 6	918 CT: 236606 BH: 1	160245

Nancy I. Andrews

Typed Name:

W835