

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2015 APR -6 AM 11: 11

	(Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO	
1.	The name of the limited liability company is:	
	Finhenant Enteroxise 110	
_	LOUIVINE FITCHIOL CC	
2.	The complete street and mailing addresses of the initial designated office:	
	3119 N May 200 all 6015e [U 85/0]	
	(Streef Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	C · · · · · · · · · · · · · · · · · · ·	
	telicia trains slog N. Mayurda all boisa	
	(Name) (Street Address) IO 83704	
4.	The name and address of at least one member or manager of the limited liability	
	company:	
	Tolinia Awine 2400 1 manual Brook TOS	\mathbb{Z}_{A}
	telicia ATTINS 3109 N may wood all bore In 9) /
5.	Mailing address for future correspondence (annual report notices):	
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6	Future effective date of filing (optional):	
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_	nature of a manager, member or authorized	
pe:	Secretary of State use only	i
Sia	nature Mua M all idaho secretary of state	
	ped Name: Felicia M ATUNS 04/06/2015 05:00	
. 11	CK: 2725916 CT: 172099 BH: 146941	.7
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_	nature	
ı y	ped Name: \(\mathcal{W}_{150050} \)	

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