

Signature _____
Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

08 AUG 15 PM 1: 05

1.	The name of the limited liability company is: Odom Enterprises	SECRETARY OF STATE STATE OF IDAHO
2.	The complete street address, and mailing address if different, of the initial designated/principal office:	
	1972 N. Man O War Way, Mer	rididan, ID. 83646
3.	3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:	
	Pacific Registered Agents, Inc. 801 W. Mai	n St. Ste 100 Boise, ID. 83702
4. The name and address of at least one member or manager of the limit company: Name Address Curt Odom 1972 N. Man O War Way, Meridida		Address
	Curt Odom 1972 N. Man O War Way, Merididan, ID. 83646	
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	9****	
5.	Mailing address for future correspondence (annualist Name of War Way, Me	•
6.	Future effective date of filing (optional):	8-15-2008
or is	nature of an organizer(s). (An organizer is a member, acting in behalf of a required, and existing, initial member nembers).	Secretary of State use only
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_	ped Name:Curt Odom	
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IDAHO SECRETARY OF STATE

08/15/2008 05:00

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