

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in duplicate FILED EFFECTIVE 2018 SEP 17 AM 10: 01

(Remember to include the	words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC)
he complete street and mai	ling addresses of the principal office is:
9595 North Highway 52, F	lorseshoe Bend, Idaho 83629
Street Address)	
Mailing Address, if different)	······································
he name and complete stre	et address of the registered agent:
and complete out	
•	9595 North Highway 52, Horseshoe Bend, Idaho 83629
Ben Wiscomb	9595 North Highway 52, Horseshoe Bend, Idaho 83629
Ben Wiscomb Name) The name and address of at	(Address)  least one governor of the limited liability company:
Ben Wiscomb Name) The name and address of at Ben Wiscomb	(Address)
Ben Wiscomb	(Address)  least one governor of the limited liability company:  9595 North Highway 52, Horseshoe Bend, Idaho 83629
Ben Wiscomb Name) The name and address of at Ben Wiscomb Name)	(Address)  least one governor of the limited liability company:  9595 North Highway 52, Horseshoe Bend, Idaho 83629
Ben Wiscomb Name) The name and address of at Ben Wiscomb Name)	least one governor of the limited liability company:  9595 North Highway 52, Horseshoe Bend, Idaho 83629  (Address)
Ben Wiscomb Name) The name and address of at Ben Wiscomb Name)	least one governor of the limited liability company:  9595 North Highway 52, Horseshoe Bend, Idaho 83629  (Address)
Ben Wiscomb Name) The name and address of at Ben Wiscomb	least one governor of the limited liability company:  9595 North Highway 52, Horseshoe Bend, Idaho 83629  (Address)  (Address)

Signature of organizer(s).

(Address)

Printed Name: Ben Wiscomb

Signature:

Printed Name:

Signature:

Rev. 01/2018

Secretary of State use only

IDAHO SECRETARY OF STATE 09/17/2018 05:00

CK:1083 CT:363611 BH:1664642 10 100.00 = 100.00 ORGAN LLC #2

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