

Signature Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

Or Or
1. The name of the limited liability company is:
CDR Hophance Kepair, UC
2. The complete street and mailing addresses of the initial designated office: 34 14 15 15 15 15 15 15 1
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Cary Robinson: 134 Taylor Steet Twn Falls 10 8301 (Street Address)
4. The name and address of at least one member or manager of the limited liability
company:
Lashaun Konson 134 Taylor Steet Turnfalls, 10 83001
·
5. Mailing address for future correspondence (annual report notices):
6. Future effective date of filing (optional):
o. Tatalo oliconto acto olimig (optional).
Signature of a manager, member or authorized
person. Secretary of State use only
Signature
Typed Name: CARY Robinson
fh(x) = fh(x) + fh(x)

IDAHO SECRETARY OF STATE

98/03/2012 05:00

CK: 1821 CT: 272985 BH: 1334616

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