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CERTIFICATE OF C	ORGANIZATION FILED EFFECTI Y COMPANY 08 AUG -7 AM 8: 33	
(Instructions on back	of application) SECRETARY OF STATE	
1. The name of the limited liability com	CTATE OF INALIO	
	Fortesco LLC	
2. The complete street and mailing add	iresses of the initial designated/principal office:	
510 E 17th St (Street Address)	#410, Idaho Falls, ID 83404	
(Mailing Address, if different than street address)		
3. The name and complete street addre	PSS of the registered erectu	
	as of the registered agent.	
Emily Webb (Name)	190 Stillwater, Idaho Falls, ID 83404	
· •	(Street Address)	
4. The name and address of at least on company:	e member or manager of the limited liability	
Name	Address	
Emily Webb	190 Stillwater, Idaho Falis, ID 83404	
Merrilee Webb	PO Box 206, Macks Inn, ID 83433	
Jory Webb	PO Box 75, Menan, ID 83434	
5. Mailing address for future corresponde	PDC9 (appual report polices):	
510 E 17th St #	f410, Idaho Falls, ID 83404	
5. Future effective date of filing (optional)):	
ignature of organizer(s) (An energian in		
ignature of organizer(s). (An organizer is a mo cting in behalf of a member or members).	ember, or is	
ignatureGMIIUI/Hbb	Secretary of State use only	
yped Name:(Emily Webb		
U		
gnature		
gnature /ped Name:	IDAHO SECRETARY OF STATE IDAHO SECR	
gnature /ped Name:	CK: 1185 CT: 228682 BH: 11386	