

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

,	(on back of application)		
1. The name	of the limited liab	ility company is:	SECRETARY OF STATE	
I.F. Tower			STATE OF IDAHO	
2. The comp	plete street and mai	iling addresses of the ini	tial designated office:	
•	rellowstone hwy Ucon,	~		
(Street Addre				
	O Ucon ID 83454 tress, if different than street a	address)		
, –		eet address of the registe	ered agent:	
Vince Cal	kins	888 capital In rext	ourg id 83440	
(Name)			(Street Address)	
				
company:	Name	•	Address	
vince calk		888 capital In rext		

5. Mailing ac	ddress for future co	orrespendence (annual n	aport notices):	
_	ddress fo r futu re co 20 ucon id 83454	orrespendence (annuel n	aport actices):	
_		orrespendence (annuel n	aport notices):	
po box 52			sport notices):	
po box 52	20 ucon id 83454		sport notices):	
po box 52	eo ucon id 83454		aport notices):	
po box 52 6. Future eff Signature of	eo ucon id 83454	(optional):		
po box 52 6. Future eff Signature of person.	fective date of filing a manager, mem	(optional):	Secretary of State use only	
po box 52 6. Future eff Signature of person. Signature	fective date of filing a manager, mem	(optional):	Secretary of State use only	
po box 52 6. Future eff Signature of person. Signature	fective date of filing a manager, mem	(optional):		
po box 52 6. Future eff Signature of person. Signature	fective date of filing a manager, mem Vince Calkins	(optional):	Secretary of State use only IDAHO SECRETARY OF St	

W137062