

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 BEC 13 PH 12: 40

The name of the limited liability com	ipany is:	STATE OF IDAHO
	Forever LLC	
The complete street and mailing add	resses of the initial des	signated/principal office:
3179 S. Whitepost Way tagle.	DA = A A A A A A	
(Street Address)		
(Mailing Address, if different than street address)		
The name and complete street address	ess of the registered ac	ient:
The flame and complete alrest additi		, -,
Cathie A. Wasick	3179 S. Whitepost Way	Eagle, ld 83616
(Name)	(Street Address)	
The name and address of at least of company:		Address
John Sosoka	848 Roxanne Ave Long Beach CA 90815	
Mailing address for future correspor	ndence (annual report r	notices):
3179 S. Whitepost Way Cage I		
Future effective date of filing (option	nal):	1000 1
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rson.	_	Secretary of State use only
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gnature Cathie A. Wasick	brud	
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