

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR -4 AM 8: 51

SECRETARY OF STATE

•	ailing addresses of the initial designated office:
1730 W Quinn Road #252, Poc	atello, ID 83202
(Street Address)	
(Mailing Address, if different than street	address)
he name and complete str	eet address of the registered agent:
Kimbal C. Graff	1730 W. Quinn Road #265, Pocatello, ID 83202
(Name)	(Street Address)
ompany: <u>Name</u> Stephen W. Timm	Address 1730 W Outing Bood #252 Boostollo ID 83202
Stephen W. Timm	1730 W Quinn Road #252, Pocatello, ID 83202
Kimbal C. Graff	1730 W Quinn Road #265, Pocatello, ID 83202
:	
Mailing address for future co	orrespondence (annual report notices):
1730 W Quinn Road #252, Poc	atello, ID 83202
uture effective date of filing	g (optional):
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on. //////	Secretary of State use only
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Typed Name: ____