

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

W81931

09 MAR -3 AM 8: 1

SECRETARY OF STATE

1. The name of the limited liability company	y is: STATE-OF-DAHO
PREMION. LEE PLS, LLC	
2. The complete street and mailing address	es of the initial designated/principal office:
ه ه	
(Street Address)	
(Mailing Address, if different than street address)	· · · · · · · · · · · · · · · · · · ·
3. The name and complete street address of	of the registered agent:
PUNI ROMANTAL S	BOS 15th AME. B., Lerome, 10, 83338
(Name) (Stre	eet Address)
4	
The name and address of at least one me company:	ember or manager of the limited liability
<u>Name</u>	Address OS 15th Ave E. Jerome 10, 83338
RYAN BOWDEN 3	OS 15th Ave E. Jerome, 10, 83338
	
5. Mailing address for future correspondence	e (annual report notices):
PO BOX BZI JEROME 10	<i>6333</i> 8
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a memi	her oris
acting in behalf of a member or members).	
721	Secretary of State use only
Signature Sunday	B
Typed Name! Ryan Bownen	IDOMO SECRETARY OF STATE
Signature	IMAHO SECRETARY OF STATE 903/03/2009 05:000 CK: 165 CF: 24688 05:000