

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application) 2915 JUN - 1 AM 9: 49

William J. Mason (Name) 8801 Petra Lane, Middleton, ID 83644 (Street Address) The name and address of at least one member or manager of the limited liability company: Name Address William J. Mason 8801 Petra Lane, Middleton, ID 83644 Mailing address for future correspondence (annual report notices): 8801 Petra Lane, Middleton, ID 83644 Future effective date of filing (optional): Inature of a manager, member or authorized son. Secretary of State use only IDAHO SECRETARY OF STAT 06/01/2015 05:00 CK:1169 CT:310799 BH:14 16 100.00 = 100.00 ORGAN	The name of the limited liabili	ity company is:	SECRETARY OF STATE STATE OF IDAHO
Mailing address, if different than street address) The name and complete street address of the registered agent: William J. Mason (Street Address) The name and address of at least one member or manager of the limited liability company: Name Mailing Address William J. Mason Mailing address for future correspondence (annual report notices): 8801 Petra Lane, Middleton, ID 83644 Future effective date of filing (optional): gnature of a manager, member or authorized reson. Secretary of State use only gnature william J. Mason IDANO SECRETARY OF STATE 06/01/2015 05:00 CK:1169 CT:310799 BH:14 16 100.00 = 100.00 DRGAN	•	-	e initial designated office:
(Mailing Address, if different than street address) The name and complete street address of the registered agent: William J. Mason (Name) 8801 Petra Lane, Middleton, ID 83644 (Street Address) The name and address of at least one member or manager of the limited liability company: Name Address William J. Mason 8801 Petra Lane, Middleton, ID 83644 Mailing address for future correspondence (annual report notices): 8801 Petra Lane, Middleton, ID 83644 Future effective date of filing (optional): gnature of a manager, member or authorized rson. Secretary of State use only IDAHO SECRETARY OF STAT 06/01/2015 05:00 CK:1169 CT:310799 BH:14 16 100.00 = 100.00 ORGAN			
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