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CERTIFICATE OF ORGANIZATION		
(Instructions on ba		2011 JAN -7 AM 8: 04
(Instructions of ba	ck of application)	S- STATE OF IDAHO
1. The name of the limited liability c	ompany is:	STATE OF IDAHU
	Find A Place LLC	
2. The complete street and mailing a 1546 Falcon dr, Ammon ID, 83406 (Street Address)	addresses of the initial	designated/principal office:
(Mailing Address, if different than street address	)	
3. The name and complete street ac	Idress of the registered	l agent:
Taylor Wright	1546 Falcon Dr, Amm	on ID 83406
Taylor Wright (Name)	(Street Address)	
<ol><li>The name and address of at least company:</li></ol>	t one member or mana	ger of the limited liability
Name		Address
Taylor Wright	1546 Falcon Dr Ammon ID 83406	
5. Mailing address for future corresp 1546 Faicon Dr Ammon ID 83406	ondence (annual repo	rt notices):
6. Future effective date of filing (opti Signature of a manager, member		
person.	·····	Secretary of State use only
Signature Toylor Whight Typed Name: Taylor Wright		IDAHO SECRETARY OF STATE
Signature		01/07/2011 05:00 CK: 166 CT: 254103 BH: 1254177
Typed Name:		1 12 108.08 = 106.00 ORGAN LLC # 3

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