

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

10 MAR 19 AM 10: 04

1. The name of the limite	ed liability company is:		e e e e e e e e e e e e e e e e e e e	
1. The hame of the little			REVARY OF STATE	ı
	Turner Bay	·	ATE OF IDAHO	
2. The complete street a	nd mailing addresses of	the initial de	esignated/princip	al office:
(Street Address)	5141 North 40th Street #50	0 Phoenix, AZ	85018	
(Draes Vadiese)				
(Mailing Address, if different the	n street address)			
3. The name and comple	te street address of the	registered a	igent:	
Josh Beebe (Name)	122 (Street Add		Coeur d'Alene, ID	83814
(············)	(on one rain			
4. The name and address	s of at least one membe	er or manage	er of the limited I	iability
company:				· • · · · · · · · · · · · · · · · · · ·
Name			Address	
Samuel & Compa	iny, Inc. 5141	North 40th Stre	et #500 Phoenix, A	Z 85018
			•	
<u> </u>				
	······································			
	•			
5. Mailing address for fut	ture correspondence (ai	nnual report i	notices):	
	5141 North 40th Street #50	0 Phoenix, AZ	85018	· · · · · · · · · · · · · · · · · · ·
	<i>F. P</i> in			
6. Future effective date of	of filing (optional):			i
Signature of organizer(s).	•	ris		٠
acting in behalf of a member or	members).		Secretary of State u	ae only
Signature		IC.PMC		
	Samuel, Vice President	]		
		15 pg 25 pg	IDAHO SECR	ETARY OF STATE
Signature		pWormsVLC formsVoert_org_Ikc.PMD Revised 07/2006	Ø3/19/2 CK: 5558 CT: 1	<b>910 00:46</b> 84866 BH: 1213678
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