CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 NOV 21 PM 1:21

	(mondonorio on baok	or application	
1.	The name of the limited liability com	npany is:	SECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing add		e initial designated office:
	(Street Address) SAME (Mailing Address, if different than street address)	.,,,	
3.	The name and complete street address of the registered agent:		
	CRAIG WEBER (Name)	30680 SHEL	TON ROAD, PARMA, ID 83660
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	CRAIG WEBER	30680 SHELTON ROAD, PARMA, ID 83660	
	MARIA WEBER	30680 SHELTON ROAD, PARMA, ID 83660	

5.	Mailing address for future correspondence (annual report notices): 30680 SHELTON ROAD, PARMA, ID 83660		
6.	Future effective date of filing (options	al):	· ·
_	nature of a manager, member or son.	authorized	
-	10)		Secretary of State use only
Sig	pature Co		
Тур	ed Name: JASON R. RAMMELL, ATTOR	RNEY	

IDAHO SECRETARY OF STATE
11/21/2012 05:00
CK: 1297 CT: 268928 BH: 1348514
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W119257

Signature____

Typed Name: ____