



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 23 PM 4:46

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

WILFRIDO MONTANO LLC

2. The complete street and mailing addresses of the initial designated office:

617 LINCOLN NAMPA ID 83686

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

WILFRIDO MONTANO

(Name)

617 LINCOLN NAMPA ID 83686

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

WILFRIDO MONTANO

617 LINCOLN NAMPA ID 83686

5. Mailing address for future correspondence (annual report notices):

617 LINCOLN NAMPA ID 83686

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: WILFRIDO MONTANO

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/23/2015 05:00

CK: CASH CT: 309389 BH: 1472394

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