

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE 10 MAY 19 AM 8: 48

1. The name of the limited liab	lity company is:	SECRETARY OF STATE
	Libin LLC	STATE OF IDAHO
<ol><li>The complete street and mai</li></ol>	_	• , ,
	South Fairview St. Nampa ID 83	3651
(Street Address)	PO BOX 3606 Nampa ID 8365	53
(Malling Address, if different than street a	(ddress)	-
3. The name and complete stre	et address of the registered	agent:
Korin Patten		view St Nampa ID 83651
(Name)	(Street Address)	
. The name and address of at company:	least one member or mana	ger of the limited liability
<u>Name</u>		Address
Korin Patten	9 South Fair	view St Nampa iD 83851
	<del></del>	
<ol> <li>Mailing address for future cor</li> </ol>	•	•
	PO Box 3606 Nampa ID 83653	3
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Future effective date of filing	(optional):	
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signature of organizer(s). (An organizer(s).		
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ignature	27/20 28/75	W 93452
med Name:		