

FILED EFFECTIVE CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 SEP -5 AM 8: 55

(Instructions on back of application)

1,1	ለሮለሚያቸን የሚያ ለም ለማኔዎቹ
1. The name of the limited liability company is:	SECHETARY OF STATE
Three Pant One Four	-lovestments // C
2. The complete street and mailing addresses of	the initial designated office.
(Street Address)	Pocatello LO 82214
	The way
(Mailing Address, if different than street address)	
3. The name and complete street address of the r	registered agent:-
(Street Addre	reas above
The name and address of at least one member company:	or manager of the limited liability
Name	Address
Stephanio Adams San	re as above
Stephanip Adams San	ne as above
<u>'</u>	
	}
5. Mailing address for future correspondence (annual	ual report notices):
June as above	
6. Future effective date of filing (optional):	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE
yped Name: Jason Adams	09/05/2014 05:00 CK:2067 CT:300832 BH:1440140
100	16 100.00 = 100.00 ORGAN LLC

W141862

Typed Name: Stephanie Adams