

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back	of application)	•	ALONDON S. C.	
1. The name of	1. The name of the limited liability company is:				
2. The complete street and mailing addresses of the initial designated office: 2. All Monteursta Dr. Boise, ID 83706					
(Street Address)	Montevista Do	<u>boise,</u>	TD 83	706	
(Mailing Address, if different than street address)					
3. The name and complete street address of the registered agent:					
Lori (Name)	Iria	a918 Mor (Street Address)	itevista Dr	. Boise, ID 83706	
4. The name and address of at least one member or manager of the limited liability company:					
	Name		Address		
Lori U	ria	3918 WOU	kusta or. 1:	3013e, ID 83706	
-					
				<u>.</u>	
5. Mailing address for future correspondence (annual report notices): agis montcusta Dr. Base ID 83706					
2918 Montevista Dr. Baise, ID 83706					
6. Future effective date of filing (optional):					
Signature of a manager, member or authorized person.					
Simulation Am	4 / 12.42		Secretary of	of State use only	
Signature Spi Uria					
IDAHO SECRETARY OF STATE					
			06/1 CK: 1501	2/2012 05:00 CT: 271358 BH: 1327911	
Typed Name:			1 8 199.09	= 180.00 ORGAN LLC # 2	

cert_org_lic Rev. 07/2010 W(14735