

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 APR -9 PM 1:11

(injuractions on back of application	SECRETARY OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
	1
AHSILC	
2. The complete street and mailing addresses of th	
7662 W Althe	a Dr Busser 10 83709
(Street Address)	/
(Mailing Address, if different than street address)	
•	
3. The name and complete street address of the re	gistered agent:
	A
Hana MuHak W	ALthea Dr
(Name) (Street Address)
4 7	
4. The name and address of at least one member of	or manager of the limited liability
company:	4.44
Name	Address
Hana Mutlak 7662	2. W Althea Dr.
\mathcal{Q}_{n}	ise, 10, 83709
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F. M. Hiron addison for factors and a second control of	
5. Mailing address for future correspondence (annu	·
7662 W Althea Dr Bois	e 10 83709
Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	
\wedge	Secretary of State use only
Signature ()	
Typed Name: Hana Mutlat	IDAHO SECRETARY OF STATE
	04/09/2015 05:00 CK:2737852 CT:172099 BH:14703
Signature	10 100.00 = 100.00 ORGAN LLC
Typed Name:	
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