

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG 29 PH 12: 37

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liability	company is:	,	STATE OF IDAHO
	My Idaho Hun	nt, LLC	4.0
The complete street and mailing	addresses of	the initial de	signated/principal office:
877 W. T	aylor Ave, Merid	lian. Idaho 836	19
(Street Address)			1 4
(Mailing Address, if different than street address	s)		
The name and complete street ac	•	registered ag	ent:
Brandon Wright	877	W. Taylor Ave,	Meridian, Idaho 83642
(Name)	(Street Addre	ess)	
The name and address of at least company:	l one member	or manager	of the limited liability
<u>Name</u>		Address	
Brandon Wright	877	877 W. Taylor Ave, Meridian, Idaho 83642	
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	•		
Mailing address for future correspondent	ondence (anni	ual report no	tices):
	ylor Ave, Meridia		
_			
Future effective date of filing (optional):		N/A	
nature of organizer(s). (An organizer is	a member, or is		
g in behalf of a member or members).			
ature		PMD	Secretary of State use only
ed Name: Brandon Wright		5 3	
Traine.		loan_r	
ature		C formstoart_org_Ic_PMD 7/2008	IDAHO SECRETARY OF STATE

08/29/2008 05:00 CK: 16015 CT: 150047 BH: 1133808 1 0 100.00 = 100.00 ORGAN LLC # 3

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