



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 JUN 11 AM 8:39

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Stamper Enterprises LLC

2. The complete street and mailing addresses of the initial designated office:

515 Airway Drive, Lewiston, Idaho 83501

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Jaymin Stamper

(Name)

515 Airway Drive, Lewiston, Idaho 83501

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Jaymin Stamper

515 Airway Drive, Lewiston, Idaho 83501

5. Mailing address for future correspondence (annual report notices):

515 Airway Drive, Lewiston, Idaho 83501

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Jaymin Stamper

Signature

Typed Name: Jaymin Stamper

Secretary of State use only

IDAHO SECRETARY OF STATE

06/11/2014 05:00

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