

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN -3 AM 9: 17

1.	The name of the limited liability com	pany is:	SECAL SANTE STATE CONSANTO	
2.	The complete street and mailing addresses of the initial designated office: 563 ASPEN DR. RIGBY, ID 83442 (Street Address)			
		Mailing Address if different they stock address?		
•	(Mailing Address, if different than street address)			
3.	The name and complete street addre	me and complete street address of the registered agent:		
	DANANDA STOWELL	563 ASPEN DR. RIGBY, ID 834	142	
	(Name)	(Street Address)		
4.	4. The name and address of at least one member or manager of the limited liab company:			
	<u>Name</u>	Addres		
	LEVI STOWELL	563 ASPEN DR. RIGBY, ID 834	142	
	DANANDA STOWELL	WELL 563 ASPEN DR. RIGBY, ID 83442		
5.	Mailing address for future correspondence (annual report notices): 563 ASPEN DR. RIGBY, ID 83442			
6.	6. Future effective date of filing (optional):			
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_	nature of a manager, member or son.	authorized		
	4 1-11	Secr	etary of State use only	
_	nature Mit thust			
Тур	ped Name: LEVI STOWELL			
۵.			IDAHO SECRETARY OF STATE 5/03/2013 05:00	
	nature	CK:	1358 CT: 283819 BH: 1376281	
lyp	ped Name:		28.88 = 28.88 EXPEDITE C # 3	

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