

CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 OCT 30 AM 8: 44

1. The name of the limited liability con	npany is:	SECRETARY OF STATE
Hardman Kamily	LLC	STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated office:		
(Street Address)	rallis Idano	83226
P.O. Box 190 (hallis, Idano 83226) (Meiling Address, if different than street address) Allen Hardman		
3. The name and complete street address of the registered agent:		
A		
Hetia Straub Workman 6315, 11th St. P.O. Box 124 (Name) (Street Address) Tdano 83226		
	Chauis, Idano	83226
 The name and address of at least one member or manager of the limited liability company: 		
<u>Name</u>	Address	i.
Allen Hardman	Po Box 190 Challis I	d 83226
Jan Hardman PO Box 190 Challis Id 83226		
Aletia StraubWorkman RO Box 124 Challis, Id 83226		
Samanthia Jarvis 1945 Camp Brownie Rd Sylacauga AL		
Alas II III		
11.0216 1000 11	1945 Camp Brownie Ed	Sylecouga AL 35150
5. Mailing address for future correspondence (annual report notices): Alehà Straub Workman P.O. Box 124 Challos Td 83226		
HIGH Straub Workman P.O. Box 124 Challis Id 83226		
6. Future effective date of filing (optional):		
Signature of a manager, member or authorized person.		
Simple CIA TI	Secreta	ary of State use only
Signature (Illen Needman Typed Name: Allen Hardman		
A A I		
Signature Metra Straub Worken	an In	AHO SECRETARY OF STATE
Typed Name: Aletia Straub Workman	10/	30/2013 05:00 6 CT: 289132 BH: 1395948

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10/30/2013 05:00
CK: 1866 CT: 289132 BH: 1395948
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