

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 JUL 30 AM 8: 23

		· or approact	J.117	- 00 Hu 9: 53	
1.	The name of the limited liability company is:			SECF- WOF OT-	
	Independent Contracto	•		SECFIE OF STATE STATE OF IDAHO	
2.	The complete street and mailing ad 4665 Enterprise St., Bois		ne initial design		
	(Street Address) P.O. Box 32, Eagle, ID 8 (Mailing Address, if different than street address)	3616			
3.	The name and complete street address of the registered agent:				
	Cheyanne R. Howell (Name)	3875 N (Street Address		ge Ln., Eagle, ID830	ગીં
4.	The name and address of at least one member or manager of the limited liability company:				
	Name Cheyanne R. Howell	Address 3875 N. Triple Ridge Ln., Eagle, ID 83616			
	Mailing address for future corresponder P.O. Box 32, Eagle, ID 9	83616	ual report notice	s):	
6.	Future effective date of filing (option	al):			
Sigi pers	nature of a manager, member or son.	authorized			
	nature MWWW R HWCW ed Name: Cheyanne R. Howe	:11	Sec	etary of State use only	
	nature		CK:	IDAHO SECRETARY OF STATE 7/30/2010 05:00 113 CT: 163168 BH: 1232803 00.00 = 100.00 Organ LLC # 2	

Typed Name:

W95286