

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 10 00T 20 PH 4: 18

		(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO	
1.	The name of	the limited liability com	pany is: UC	STATE OF IDANU	
2.	The complete <u>MSS2</u> (Street Address)	street and mailing add	resses of the initial de	signated/principal office: 3 70 ろ	
	(Mailing Address, if	different than street address)			
3. The name and complete street address of the registered agent:				gent:	
	(Name)	N. SHAFF	(Street Address)	11 Dr Doise, 70 93703	
4.	<ol> <li>The name and address of at least one member or manager of the limited liability company:</li> </ol>				
	DAMON	Name N. SHAFS	Same as a	above	
		•			
			<u> </u>		
				· · · · · · · · · · · · · · · · · · ·	
				111	
	;				
5. Mailing address for future correspondence (annual report notices):  4557 Soothill Dr Boise, ±0 83303					
6. Future effective date of filing (optional):					
Signature of a manager, member or authorized person.					
Signature Secretary of State use only					
Typed Name: DAMON SHAFF					
<i>f</i>	IDAHO SECRETARY OF STATE				
Signature CK: 533262 CT: 172099 BH: 124393					
Typed Name: 188.88 = 188.88 = 188.88 ERGAN LLC # 2					

W97342