

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR 28 AM 8: 21

1.	he name of the limited liability company is:		SECFLORY OF STATE STATE OF IDAHO	
	Appli	cations Innocations,	LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 512 S. IRVING PL., KENNEWICK, WA 99336			
	(Street Address)			
	(Mailing Address, If different than street address)			
3.	The name and complete street address of the registered agent:			
	Rick Neff			
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	<u>Address</u>		
	WILLIAM NEFF	305 S. QUAY ST., KENNEWICK, WA 99336		
	THOMAS FLORES	512 S. IRVING PL., KENNEWICK, WA 99336		
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5.	Mailing address for future correspondence (annual report notices):			
	512 S. IRVING PL., KENNEWICK, WA 99336			
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б.	Future effective date of filing (optio	nai):		
_	nature of a manager, member o	r authorized		
hai	rson.		Secretary of State use only	
Sig	nature M. Noll			
Tyr	ped Name: William J. Neff			
,,			TRAIN OPPORTUGUE	
Sig	nature		IDAHO SECRETARY OF STATE 04/28/2011 05:00 CK: 1876 CT: 258257 BH: 1271356	
Typed Name:			1 9 100.00 = 100.00 ORGAN LLC # 2	

cert_org_lic Rev. 07/2010

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