



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 OCT 13 AM 9:23

1. The name of the limited liability company is:

HOFFMAN ENTERPRISES, LLC

SECRETARY OF STATE  
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

1825 NORTH MAPLE GROVE, BOISE, ID 83704

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

TYLER ARTHUR HOFFMAN

(Name)

1825 NORTH MAPLE GROVE, BOISE, ID 83704

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

TYLER ARTHUR HOFFMAN

1825 NORTH MAPLE GROVE, BOISE, ID 83704

5. Mailing address for future correspondence (annual report notices):

1825 NORTH MAPLE GROVE, BOISE, ID 83704

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

*Tyler Hoffman*

Typed Name: TYLER ARTHUR HOFFMAN

Signature

Typed Name:

Secretary of State use only  
IDAHO SECRETARY OF STATE

10/13/2015 05:00

CK:475324794 CT:315555 BH:1495950

1@ 100.00 = 100.00 ORGAN LLC #2

W157258