

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 15 PM 1: 04

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1.	The name of the limited liability co	ompany is:	SECRETARY OF ST STATE OF IDAH	
	Boggan Enterprises, LLC		OWNE OF IDAM	
2.	The complete street and mailing addresses of the initial designated/principal office:			
	418 Silcott Street, Lewiston, ID 83501			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Rose M. Boggan	418 Silcott Street, Lew	iston, ID 83501	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	Address	<b>5</b>	
	Rose M. Boggan	418 Silcott Street, Lewiston, ID 83501		
-				
5.	Mailing address for future correspondence (annual report notices):  418 Silcott Street, Lewiston, ID 83501			
3.	Future effective date of filing (option	Future effective date of filing (optional):		
_	nature of organizer(s). (An organizer is ng in behalf of a <b>ra</b> ember or members).		etary of State use only	
		) Secre	Stary Of State 435 Ully	

Typed Name: Bose M. Boggan

Signature\_\_\_\_\_

Typed Name:

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IDAHO SECRETARY OF STATE

@9/15/2010 @5:00

CK: 4536 CT: 251284 BH: 1239839
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