

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

11 JUN 22 AM 8: 48

A TOTAL	(Instruction	s on back of application)	SECRETARY OF STA
1. The na	ame of the limited li	ability company is:	STATE OF WAHL
		MAGEE ENTERPRISES, LLC	
643 Ra	silroad Avenue Blancha	nailing addresses of the initial designated/pr ard, Idaho 83804	incipal office:
	Address) iox 418 Blanchard, Ideh Address, if different then stre		
3. The na	me and complete s	treet address of the registered agent:	
	K. Magee	643 Railroad Avenue Blanchard, Idaho	83804
(Name)		(Street Address)	
4. The na compar		at least one member or manager of the limit	ted liability
<b>T</b>	Name	Address	
i errand	ce R. Magee	3280 West Richmer Avenue Les Veger	a, Nevada 89139
Aaron	K. Magee	P.O. Box 326 Blanchard, Idaho 83804	
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· <del></del>			<del>`</del>
<u></u>			<del></del>
5. Mailing	address for future	correspondence (annual report notices):	
_	ox 418 Blanchard, Idahk	•	
6. Future	effective date of filin	ng (optional):	····
	of a manager, me	ember or authorized	
person.	Q	Secretary of S	Nata use only
Signature_	lev 2		
	e: Terrance R. Mages	8	
	// A		
Signature_	furx		
	e: Aaron K. Magee		

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