

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 13 PM 3: 45

SECRETARY OF STATE STATE OF IDAHO

he complete street and mailing addr	esses of the initial des	anated/principal office	
	esses of the littlat designates	S. Trod b. H. John C. Hoo	
(Street Address)	11900 00100, 12 001.00		
(Mailing Address, if different than street address)			
The name and complete street address	ss of the registered ag	ent.	
The harne and complete shoot address	oo or the regional ag		
Christopher Smith		1222 Targee Boise, ID 83706	
(Name)	(Street Address)		
The name and address of at least one	e member or manager	of the limited liability	
ompany:	e member of manager	or the minica nabinty	
Name	Address		
Christopher Smith	1222 Targee Boise, ID 83706		
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