

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV -6 AM 9: 57

1. The name of the limited liability company is:

SECRETARY OF STATE STATE OF IDAHO

1.	the name of the	imited hability con	npany is:	State of Ida ho
		co	RNER MARKET, LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 412 E 1ST AVE GLENNS FERRY ID 83623			
	(Street Address)	PO BOX 351 GLENNS FERRY ID 83623		
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Traci Ster	vart_	3289 £ Inclia (Street Address)	n Tráil La Kuna, ID 836
4.	The name and a company:	dress of at least o	ne member or manager o	of the limited liability
	- ·	Name	Ad	<u>dress</u>
	TRACI	STEWART	3289 E INDIAN TRA	IL LN KUNA ID 83623
		,		
	· · · · · · · · · · · · · · · · · · ·			
		- Control of the state of the s		
5.	Mailing address	or future correspor	ndence (annual report not	tices):
	PO BOX 351 GLENNS FERRY ID 83623			
6.	Future effective date of filing (optional):			
		5 (-1		
کند	nature of organize	r(S). (An organizer is a	mambar orie	
- 7	ng in behalf of a mem		i iliettiber, or is	
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