

## CERTIFICATE OF ORGANIZATION GILGENETO Clear form.

LIMITED LIABILITY CON	IPANYMAY -2 AM 9: 23
(Instructions on back of applicati	on)
1. The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing addresses of t	he initial designated office:
322 W. 2nd N. # 400 Renburg, ID	
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the r	egistered agent:
Colte- Angell 3dd W. (Street Addre	and N. #408 Revoy IP 83440
The name and address of at least one member company:	or manager of the limited liability
Name ( ) A il	Address
Colter Angell 322 Wan	3 N #400 Resburg, IP. 83440
5. Mailing address for future correspondence (ann	
322 W. 2nd N. #400 Rexbuy, IR	83440
Future effective date of filing (optional):	
Signature of a manager, member or authorized	d ·
person.	Secretary of State use only
Signature Ary Am  Typed Name: Giter Angell	
Typed Name: Colter Angell	1DAHO SECRETARY OF STATE 05/02/2014 05:00
<del></del>	CK:1121 CT:296398 BH:1423049
Signature	1@ 100.00 = 100.00 ORGAN LLC
Typed Name:	

W137442