

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JAN 20 AM 10:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

barbara zimmer crna LLC

2. The complete street and mailing addresses of the initial designated office:

1000 west 8174 south Victor ID 83455

(Street Address)

PO Box 375 Victor ID 83455

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Barbara Zimmer

(Name)

1000 west 8174 South Victor ID 83455

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

Barbara Zimmer

1000 West 8174 south, victor ID 83455

PO Box 375 Victor ID 83455

5. Mailing address for future correspondence (annual report notices):

PO Box 375 Victor ID 83455

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Barbara Zimmer

Typed Name:

Barbara Zimmer

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/21/2015 05:00

CK:5223 CT:305380 BH:1457861

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