

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JUN 28 AM 11:41

(Instructions on back of application)

LUKETARY OF STATE

		STATE OF IDAHO
1.	The name of the limited liability co	ompany is:
		Ken Lewis L.L.C.
2.	The complete street and mailing ac 2406 S. Atlantic St. Boise ID, 83705	ddresses of the initial designated/principal office:
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Kenneth W. Lewis	2406 S. Atlantic St. Boise ID, 83705
	(Name)	(Street Address)
4.	The name and address of at least of company: Name Kenneth W. Lewis	one member or manager of the limited liability Address 2406 S. Atlantic Boise ID, 83705
	Reilletti W. Lewis	2400 S. Atlantic Doise ID, 63705
5.	Mailing address for future correspondence 2406 S. Atlantic St. Boise ID, 83705	ondence (annual report notices):
6.	Future effective date of filing (optio	onal):
	nature of a manager, member o	or authorized
-	nature / wet w.C.	Secretary of State use only
	ped Name: Kenneth W. Lewis	
٠.		
Sig	nature	
	ped Name:	
		CV. 71/570 DT. 470000

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