(FAX)12088787700



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2010 APR 30 AMT1: 04

295	(Instructions on pack of ap	phicauon)	ATE
. The nar	me of the limited liability company	SEURETARY OF STATE OF IDAH	ıu
	MUNSEE EQL	JIPMENT CO., LLC	_
The cor	· —	es of the initial designated/principal office: URTAUGH, IDAHO 83344	<del>-</del>
(Street Ac	dcireas)		<b>-</b>
(Malling /	Address, if different than street address)		-
The nar	me and complete street address o	of the registered agent:	
	PHILLIP MUNSEE	2558 E. 3708 N., TWIN FALLS, ID 83301	
(Name)	(Stre	eel Address)	-
The nar	ny:	ember or manager of the limited liability	2. 4.
	Name DULLID MUNICE	<u>Address</u> 2558 E. 3708 N., TWIN FALLS, ID 83301	
	PHILLIP MUNSEE	230 E. 3700 K., 1441K1 ALLO, 10 00001	-
<del></del>			<b>.</b>
	·		<u>.</u>
			-
. Mailing	address for future correspondenc P.O. BOX 608 BU	ce (annual report notices): URLEY, IDAHO 83318	
		· · · · · · · · · · · · · · · · · · ·	
. Future (	effective date of filing (optional): _		- جي. در
-	f organizer(s). (An organizer is a memi	ber, or Is	• ;
ung in pena	olf of a member or members).	Secretary of State use only	· · · · · · · ·
gnature	Care Telly	The Tree Paris	
yped Nam	e: TODD PHILLIPS	15	
		Policy Participant	
ignature_		IDAHO SECRETARY OF S	TATE
yped Nam	e:		12 121 12 121 14 121

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