

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG -4 PM 1: 12

	SECRETAF	RY OF STATE
The name of the limited liability		OF IDAHO
	K & B INDUSTRIES LLC	
The complete street and mailing	g addresses of the initial designated/pr	incipal office:
2351	E 1100 S, HAZELTON, ID 83335	
(Street Address)	E 1100 S, HAZELTON, ID 83335	
(Mailing Address, if different than street address		
The name and complete street	address of the registered agent:	
		D 83335
BRETT HINTON	2351 E 1100 S, HAZELTON, I	D 00000
BRETT HINTON (Name)	2351 E 1100 S, HAZELTON, I (Street Address)	
(Name)	(Street Address)	
(Name) The name and address of at leacompany:	(Street Address) ast one member or manager of the limi	
(Name) The name and address of at leacompany:  Name	(Street Address) ast one member or manager of the limi  Address	ted liability
(Name) The name and address of at leacompany:	(Street Address) ast one member or manager of the limi	ted liability
(Name) The name and address of at leacompany:  Name  BRETT HINTON	(Street Address) ast one member or manager of the limi  Address	ted liability
(Name) The name and address of at leacompany:  Name	(Street Address) ast one member or manager of the limi  Address	ted liability
(Name) The name and address of at leacompany:  Name  BRETT HINTON	(Street Address) ast one member or manager of the limi  Address	ted liability
(Name) The name and address of at leacompany:  Name  BRETT HINTON	(Street Address) ast one member or manager of the limi  Address	ted liability
(Name) The name and address of at leacompany:  Name  BRETT HINTON	(Street Address) ast one member or manager of the limi  Address	ted liability
(Name) The name and address of at leacompany:  Name  BRETT HINTON	(Street Address) ast one member or manager of the limi  Address	ted liability
(Name) The name and address of at leacompany:  Name  BRETT HINTON	(Street Address) ast one member or manager of the limi  Address	ted liability

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

6. Future effective date of filing (optional): \_

Signature Ratio

Typed Name:

BRETT HINTON, MEMBER

Signature \_\_\_\_

Typed Name:

Secretary of State use only

W 85903