FILED EFFECTIVI



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPAN 2009 JAN 14 AM 8: 36

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability company is: STATE OF IDAHO	
Bill Holloway Horse Shoking LLC	
2. The complete street and mailing addresses of the initial designated/principal office:	
1247 E 450 N Buhl J.G. 83316 (Street Address)	
(Mailing Address, if different than street address)	•
3. The name and complete street address of the registered agent:	
William K Holloway 1247 5 4150 N Bull TO BE (Street Address)	مالة
4. The name and address of at least one member or manager of the limited liability company:	
LESITE K. HOTTOWLY 1247E 415D N Bulled. 83316	0
!	
5. Mailing address for future correspondence (annual report notices):	
1247 E 415DN Bull #D 833 THP	
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).	
Signature A Company of State use only	
Typed Name: William K. Holloway	
Signature William K. Holloway Signature Signature Followay Typed Name: LESTIE HOLLOWAY Typed Name: LESTIE HOLLOWAY A) 10595	E 1 00 52360 LLC # 8
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