

Typed Name: ____

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application) 12 May 14 AM 9: 29

•	• • • • •	
1. The name of the limited liability	y company is:	SEORETARY OF STATE STATE OF IDALIO
	ADH, LLC	SIATE OF IDEAU
2. The complete street and mailin 4940 N HAWK WING LANE, EAGLI (Street Address)	•	designated office:
(Mailing Address, if different than street add	ress)	· · · · · · · · · · · · · · · · · · ·
3. The name and complete street	address of the registered	d agent:
SHIRLENE HARRISON	4940 N HAWK WING LANE, EAGLE, ID 83616	
(Name)	(Street Address)	
 The name and address of at le company: 	ast one member or mana	ger of the limited liability
<u>Name</u>	<u>Address</u>	
SHIRLENE HARRISON	4940 N HAWK WING	LANE, EAGLE, ID 83616
5. Mailing address for future corre	espondence (annual repo	rt notices):
4940 N HAWK WING LANE, EAGL	,	
5. Future effective date of filing (c	optional):	
ignature of a manager, membe erson.	er or authorized	
		Secretary of State use only
ignature		
yped Name: BRIAN L. BOYLE		TROUD CUUDITANI
Signature		IDAHO SECRETARY OF STATE 95/14/2012 95:00 CK: 1271 CT: 270360 BH: 1324042 1 9 100.08 = 100.00 ORGAN LICE 2

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