

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 SEP 13 AM 9: 08

1.	The name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office: 135 E. Anderson Idaho Falls, ID 83402 (Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Michael Drake Smith	1122 Curlew A	mmon, ID 83406	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company: Name Address			
	Matt Morgan	5145 Heyrend	45 Heyrend Dr. Idaho Falls, ID 83402	
5.	Mailing address for future correspondence (annual report notices): 135 E. Anderson Idaho Falls, ID 83402			
6.	6. Future effective date of filing (optional):			
_	nature of a manager, member or son.	authorized	Occupant College and the Colle	
	nature Michael Drake Smith		Secretary of State use only	
ıy	ped Name: Michael Drake Smith			
Signature			IDAHO SECRETARY OF STATE 09/13/2013 05:00 CK: 17385 CT: 287468 BH: 1389852	
Typ	ped Name: Matt Morgan		1 9 199.60 = 199.68 ORGAN LLC # 2	