CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY	
(Instructions on back of application)	
1. The name of the limited liability company is:	STATE OF IDAHO
STILgara LLC	
2. The complete street and mailing addresses of the initial designated/principal office:	
<u>4409 W. Frauklin R. 13015e, 20, 83705</u> (Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
of the nume and complete street address of the registered agent.	
(Name) Kelly 4409 W Fro (Name) (Street Address)	uKlin R.P. Boise, ID. 83705
 The name and address of at least one member or manager of the limited liability company: 	
Name	Address
Timothy Kelly 4409 W For	uKlin RD. 13015e, ID. 83705
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5. Mailing address for future correspondence (annual report notices): <u>4409 W Franklin RD. 130ise, ID. 83705</u>	
- 101 W/ Mark 112 AV. 120150, JU, 03 (0)	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature	
Typed Name: <u>Tim Kelly</u>	
Signature	
Typed Name:	IDAHO SECRETARY OF STATE 10/13/2010 05:00
cert_org_lic Rey. 07/2010	CK: 396817768 CT: 251978 BH: 1242919 1 0 100.00 = 100.00 ORGAN LLC # 2
	W 97147