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	CERTIFICATE OF O				
	(Instructions on back	of application)	SECURITY OF OTHER		
1.	1. The name of the limited liability company is:		SECRETARY OF STATE		
	Y	oung Family, LLC			
2.	The complete street and mailing add 14617 North Nixon Loop	iresses of the initial de	signated office:		
	(Street Address) Rathdrum, ID 83858 (Mailing Address, if different than street address)				
3.	The name and complete street addre	ess of the registered a	gent:		
	Gabriel M. Young-Miller (Name)	14617 North Nixon Loop (Street Address)	Rathdrum, ID 83858		
<ol> <li>The name and address of at least one member or manager of the limited liability company:</li> <li>Name</li> <li>Address</li> </ol>					
	<u>Name</u> Gabriel M. Young-Miller	14617 North Nixon Loop			
5.	Mailing address for future correspon	dence (annual report r	notices):		
	14617 North Nixon Loop Rathdrum, ID	83858			
6.	Future effective date of filing (option	al):			
per Sig	nature of a manager, member or rson. nature ped Name: <u>Gabriel M. Young-Miller</u>	authorized	Secretary of State use only		
-	nature oed Name:		IDAHO SECRETARY OF STATE 02/27/2012 05:00 CK: 1396 CT: 229919 BH: 1312385 1 8 188.08 = 188.80 ORGAN LLC # 2		

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