CERTIFICATE OF LIMITED LIABILI (Instructions on bac 1. The name of the limited liability co	<b>TY COMPANY</b> k of application)	09 JAN 26 PM 1:54 SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing ac	ddresses of the initial designation of the initi	gnated/principal office:
Luis Rosas (Name)		ss Dr Boise Id 83713
4. The name and address of at least of company: <u>Name</u> Luis Rosas Adarely Huerta	Ad 12807 W Baldcypre	of the limited liability dress as Dr Boise Id 83713 as Dr Boise Id 83713
<ul> <li>5. Mailing address for future correspondence of future correspondence of filing (option)</li> <li>6. Future effective date of filing (option)</li> </ul>	Baldcypress Dr Boise Id 83713	
Signature of organizer(s). (An organizer is acting in behalf of a member or members). Signature	Cormalcent_org_IC.PMD	Secretary of State use only IDAHO SECRETARY OF STATE 01/26/2009 05:00 CK: 193766 CT: 172899 BH: 115488