

Typed Name: Patty RoAm

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 APR 26 AM 8: 55

			10 AT N 20 MT 0 00
CI TO	(Instructions on bac	k of application)	OFFICE PARTY OF OTATE
1. The na	me of the limited liability co	mpany is:	SECRETARY OF STATE STATE OF IDAHO
•	BOAM Venta	- · ·	
2 The co	mplete street and mailing ac		signated/principal office:
	560 3rd Street		
(Street A	Address)		
(Mailing	Address, if different than street address)		
3. The na	me and complete street add	lress of the registered ag	ent:
(Name)	utis BoAm	2093 Free Live , I	dulo Falls, IN 85404
, ,		(00001110011100)	
4. The na	me and address of at least of	one member or manager	of the limited liability
compa	ny:		
0	Name		ddress
Cu	wtvs BoAm	2093 France L	one, Idaho Falls, IN 8340 , Idaho Falls, IN 85404
$\rho_{\alpha \lambda}$	4 BAM	2093 Freme Lene	Idalo Folls, ID85404
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-	address for future correspo		·
	60 3rd Street I	dato Falls, ID	83401
6 Future	effective date of filing (optio	nall Annal 20	2010
J. I UIUIC	onsoure date or ming (option	1 No. 1 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
-	f organizer(s). (An organizer is	a member, or is	
acting in beha	alf of a member or members).		Secretary of State use only
Signature_	Cute Boan	C formstear org. Inc. PMD	
Typed Nam	ie: <u>Curtis Boam</u>		en e
0.	D. 4 R	7/2008	IDAHO SECRETARY OF STATE
Signature		120	64/26/2010 WS:90

104HU SECRETARY OF STATE 64/26/2010 65:00 CK: 1358 CT: 191451 BH: 1219284 1 9 186.88 = 188.88 ORGAN LLC # 2

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