

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 24 PM 1: 11

SECRETARY OF STATE STATE OF IDAHO

CODY CONSULTI	
he complete street address, and mailing a rincipal office:	ddress it different, of the initial designated
800 Main Street, Suite 26	55, Caldweli, ID 83605
The name of the commercial registered age address of the non-commercial registered a	
Corporation Service Company, 1401 Sho	oreline Drive, Suite 2, Boise, ID 83702
The name and address of at least one mem	ber or manager of the limited liability
company: Name	Address
Ernest H. Cody	300 Main Street, Suite 265, Caldwell, ID 83605
Mailing address for future correspondence (	
800 Main Street, Suite 26	
800 Main Street, Suite 26  Future effective date of filing (optional):	55, Caldwell, ID 83605
Future effective date of filing (optional):  nature of an organizer(s). (An organizer is a mentacting in behalf of a required, and existing, initial men	nber,
Future effective date of filing (optional):  nature of an organizer(s). (An organizer is a mentacting in behalf of a required, and existing, initial men	nber, mber Secretary of State use only
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