

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

SECRETARY OF CTATE

WET OV	(Instructions on back	of application)	STATE OF IDAHO	E
	the limited liability con			* * * * * * * * * * * * * * * * * * *
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2. The complete	e street and mailing ad-	dresses of the initial desig	nated/principal office:	
1-605	N. GAUTLA	WCN Coewda	leve 150 83815	
(Street Address)				
(Mailing Address,	if different than street address)	A 16		
3. The name an		ress of the registered age		
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(Name)	r Voge!	(Street Address)	Distribution were	ğ
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4. The name an	nd address of at least o	one member or manager o	of the limited liability	
company:		Ad.		
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<u>CALUS</u>	STREPHER	6605 N. GARSH	30 LN Coendoley X 83	8)5
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5. Mailing addre	ess for future correspo	ndence (annual report no	tices):	
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6. Future effect	tive date of filing (option	nai):		
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	nizer(s). (An organizer is member or members).	a member, or is		
acting in benan or a		ę	Secretary of State use only	
Signature / /h	112			
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. /	<u></u>	orphformst.LC formstoart_org_ltc.PMD Revised 07/2008	IDAHO SECRETARY OF STATE	ទទ
Signature		Of pass	CK: 2023 CT: 230583 BH: 114	3700 1 C # 2
Typed Name: <u>C</u>	M/62 5+11198x	Sorpyfor Rev	7 6 100100 - 100100 MINNI C	