

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2015 HAR 20 PM 1: 27

	(Instructions on back	of application)	SECRETARY OF STATE
1.	The name of the limited liability com	npany is:	SECRETARY OF STATE STATE OF IDAHO
	Equity Trust Company Custodian FBO Je	effrey Anderson LL	
2.	The complete street and mailing add	dresses of the i	nitial designated office:
	(Street Address) Caldwell, ID 83607 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Jeff Anderson	16801 Abram Ave., Caldwell, ID 83607	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	Equity Trust Company Custodian FBO Jeffrey Anderson LLC	16801 Abram A	ve., Caldwell, ID 83607
5.	Mailing address for future correspond 16801 Abram Ave., Caldwell, ID 83607	ndence (annual	report notices):
6.	Future effective date of filing (option	nal):	
	nature of a manager, member or	authorized	
haı		4	Secretary of State use only
Sig	nature		IDAHO SECRETARY OF STATE
Тур	ped Name: Nick Smith, Authorized Agent		03/20/2015 05:00 CK:1139 CT:292343 BH:14671
Sia	nature	:	10 100.00 = 100.00 ORGAN LLC
	ped Name:		
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