

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 MAY -4 AM 8: 37

	(lested for any basis of any first for
TE &	(Instructions on back of application)
1.	The name of the limited liability company is: SEOF OF STATE STATE OF IDAHO
2	The complete street and mailing addresses of the initial designated/principal office:
۷.	6080 Arney 6
	(Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Jon Anderson 6080 Arney Ln. harden City, 10 (Street Address) 83714
4.	The name and address of at least one member or manager of the limited liability company:
	Name Address
	Jon Anderson 6080 Arney La. Gorden City, 10 85714
5.	Mailing address for future correspondence (annual report notices):
	6080 Arney Lr. Garden City, ID 83714
6.	Future effective date of filing (optional):
_	nature of a manager, member or authorized
per	SON. Secretary of State use only
Sia	nature) - h
_	ned Name: Jon W. Anderson
Sia	nature IDAHO SECRETARY OF STATE
_	ed Name: CK: 1008 CT: 258453 BH: 12787

CK: 1006 CT: 258453 BH: 1272187 1 @ 100.00 = 100.00 ORGAN LLC # 2