

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**



Signature:

Printed Name:

	Title 30, Chapters Filing fee: \$100 ty	IABILITY CONIPAL 21 and 25, Idaho Code ped, \$120 not typed mit the application in duplicate.	SECOND AM 9: 35	
	ame of the limited lia ER LLC			
	omplete street and m lain Street, Suite 7A,	ailing addresses of the princ	imited Company," or the abbreviations L.L.C., LLC, or LC)	
	Address, if different)			
	The name of the registered agent and street address of		•	
Bryan (Name)	Cartwright		109 North Kimball, Apt N, Caldwell, Idaho 83605  (Address cannot be a post office box or postal mail box)	
(Name) (Name)		(Address) (Address)		
(Name)	<del></del>	(Address)	<del></del>	
(Name)		(Address)		
718 N	•	correspondence (annual rep Caldwell, Idaho 83605	ort notices):	
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