

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 FEB -2 AM 9: 26

(Instructions on back of application)

SECRETARY OF STATE

The complete street and m	ailing addresses of the initial designated office:
619 S. Silver Bow Avenue Eag	ple, ID 83616
(Street Address)	
(Mailing Address, if different than stree	et address)
The name and complete str	reet address of the registered agent:
Matthew Lighten	619 S. Silver Bow Avenue Eagle, ID 83616
(Name)	(Street Address)
<u>Name</u> Coleen Hall	Address 619 S. Silver Bow Avenue Eagle, ID 83616
<u> </u>	
_	correspondence (annual report notices):
Mailing address for future of 619 S. Silver Bow Avenue Eag	
619 S. Silver Bow Avenue Eag	gle, ID 83616
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Future effective date of filing gnature of a manager, metrson.	gle, ID 83616 ng (optional): mber or authorized

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Typed Name: Coleen Hall