

Signature\_

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 24 AH 8: 22

. The name of the	ne limited liability com	npany is:		SECRETARY C STATE OF	定 STAI <b>E</b> IDAH <b>O</b>
	H	urley Partner	s, LLC		
The complete s	street and mailing add				al office:
(Street Address)					
(Mailing Address, if o	different than street address)		<u></u>		
The name and	complete street addr	ess of the r	registered aç	gent:	
Frank	: Swassing	2213 (	N Fort Hall Min	ne Rd, Po <b>catello, I</b> D	83204
(Name)		(Street Addre			<del></del>
The name and company:	address of at least or	ne member	or manager	r of the limited lia	ability
_	Name		_	\ddress	
Fran	k Swassing	22131	N Fort Hall Min	ne Rd, Pocalello, ID	63204
				To deliver the second of the s	in the second se
				<del></del>	
			<del></del>		· · · · · · · · · · · · · · · · · · ·
Mailing address	s for future correspon	dence (ann	nual report n	otices):	
	2213 N Fort He	all Mine Rd, F	ocatello, ID 83	1204	
Future enective	e date of filing (option	aı):	<u></u>	<del></del>	
and we of organis	zor(a) (An amenicaria a	mambar ari	•		
·	Z <b>Cr(S). (An organizer is a</b> ember or members).	member, of f	o		
$\mathcal{I}$			QW.	Secretary of State us	e only
nature			Cong les PARD		
ped Name: <sup>]</sup> _	Frank Swassing		اق		

IDAHO SECRETARY OF STATE

06/24/2009 05:00

CK: 8344 CT: 231128 MH: 1176077

1 P 146.88 = 186.80 OKSAN LLC #

