

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

(Instructions on back of application)

09 DEC 31 PH 2: 33

1. <b>Th</b>	e name of the limited liability comp	any is:		SEURLIANT OF STA STATE OF IDAHO
	N	IASUS, L.L.C		
2. Th	e complete street and mailing addre		<u> </u>	
(S	treet Address)			
(M	failing Address, if different than street address)			
. Th	he name and complete street address of the registered agent:			
(N	DENNIS C. MURPHY			3, NAMPA, ID 83651
(IN	lame)	(Street Address)		
	The name and address of at least one member or manager of the limited liability company:			
	Name	Address		
_	DENNIS C. MURPHY	1604 W. ORCHARD AVE, #838, NAMP/		8, NAMPA, ID 83651
	SUSAN L. MURPHY	1604 W. ORCHARD AVE, #838, NAMPA, ID 83851		
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. Ma	lailing address for future correspondence (annual report notices): 1604 W. ORCHARD AVE, #838, NAMPA, ID 83651			
	1004 W. ORCHARL	J AVE, #030,	NAMPA, ID 63651	·
. Fu	ture effective date of filing (optional	<b>)</b> :		
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ignatı	ure of organizer(s). (An organizer is a m	nember, or is		
_	behalf of a member or members).		Socrate	rry of State use only
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gnati med			ž.	
yped	Name: DENNIS C. MURPHY	I	8 8 8 1 1	•
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_	Name:		T pession 1	IDAHO SECRETARY OF STATE
ypau	Maine.		Ę̃g CX	: 9490 CT: 174694 BH: 12814

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