



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN 22 AM 9:11

(Instructions on back of application)

CL SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Devin Bodkin LLC

2. The complete street and mailing addresses of the initial designated office:

587 E. 1250 N

(Street Address)

Shelley ID 83274

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Devin Bodkin
(Name)587 E. 1250 N. Shelley ID 83274
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Devin Bodkin587 E. 1250 N. Shelley ID 83274Nicki Bodkin587 E. 1250 N. Shelley ID 83274

5. Mailing address for future correspondence (annual report notices):

587 E. 1250 N. Shelley ID 83274

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Devin Bodkin

Typed Name:

Devin Bodkin

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/22/2015 05:00

CK:1003 CT:305477 BH:1458201

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