## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2013 MAY 30 PM 41 00

	(Instructions on	back of application)	SECRETARY OF STATE STATE OF IDAHO	
1. The	name of the limited liability	company is:	STATE OF IDAHO	
	\$ Woodruff, LLC			
	The complete street and mailing addresses of the initial designated office: 2050 N. Haroldsen Dr.			
Idal	et Address) no Falls, ID 83401 Ing Address, if different than street addr	esc)		
	The name and complete street address of the registered agent:			
Hal	Bennett	2050 N. Haroldsen Dr., Idaho Falls, ID 83401		
(Nam	(8)	(Street Address)		
	The name and address of at least one member or manager of the limited liability company:  Name  Address			
Woo	odruff D. Smith	2050 N. Haroldsen Dr	2050 N. Haroldsen Dr., Idaho Falls, ID 83401	
<del></del>				
5. Mailir	ng address for future corre	spondence (annual report	notices):	
<u>52r</u>	ne			
3. Futur	e effective date of filing (or	otional):		
ionatura	e of a manager, member	r or authorized		
erson.	or a manager, member	Or authorized		
ignature	mpanden	uty	Secretary of State use only	
_	me: Woodruff D. Smith			
ignature			IDANA SECRETARY OF STATE	
	me:		IDAHO SECRETARY OF STATE 05/30/2013 05:06 CK: 1420026 CT: 172099 RH: 1776	

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