

Typed Name: Tami McHugh

Signature _____

Typed Name:

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

7012 MAR -8 PM 2: 39

1.	The name of the limited liability con	npany is:	SECRETARY OF JUNATE STATE OF TOAHO
	4223	Roan Meadow, LLC	
2.	The complete street and mailing add 9387 N. Snaffle Bit Ln., Kuna, ID 83634 (Street Address)	dresses of the initial desig	nated office:
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:		
	Tami McHugh	9387 N. Snaffle Bit Ln., Kuna	a, ID 83634
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company: Name Address		
	Name		···
	Tami McHugh	9387 N. Snaffle Bit Ln., Kuna	a, ID 83634
_	Mailing address for future correspondence (appual report notices):		
5 .	Mailing address for future correspondence (annual report notices):		
	9387 N. Snaffle Bit Ln., Kuna, ID 83634		
6.	Future effective date of filing (option	oal):	
•	nature of a manager, member or	authorized	
•	son.		Secretary of State use only
Sin	natura Gami McKhigh		

IDAHO SECRETARY OF STATE

93/98/2012 95:99

CK: 2776 CT: 203725 BH: 1314226
1 @ 100.00 = 100.00 ORGAN LLC # 2

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