

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

## FILED EFFECTIVE

Te ?	(Instructions on back of application)		ZUIY APR 29 AM 8: 1/8
1.	The name of the limited liability company is:		SECRETAGE OF STATE
2.	The complete street and mailing addresses of the initial designated office:  5897 W. Riverbend Ln		
	(Street Address) Boise, ID 83703 (Mailing Address, if different than street address	3)	
3.	The name and complete street address of the registered agent:		
	Kent McClain		and Ln Boise ID 83703
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	McClain Family Trust	5897 W. Riverbe	end Ln, Boise, ID 83703
5.	Mailing address for future corresp 5897 W. Riverbend Ln, Boise ID 8370	•	report notices):
6.	Future effective date of filing (opt	ional):	· · · · · · · · · · · · · · · · · · ·
	nature of a manager, member son.	or authorized	
•	~/ ·		Secretary of State use only
Signature / Cut M Claun			IDAHO SECRETARY OF STATE
Тур	ped Name: Kent McClain		04/29/2014 05:00 CK:1040 CT:296264 BH:1422478 10 100:00 = 100:00 ORGAN LLC #:
Sig	nature Myma Mccla	mi_	
Ту	ped Name: Myrna McClain		12225

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