

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

	(instructions on t	pack of application)	FORTADY OF	
1. The name	me of the limited liability		CRETARY OF STATE STATE OF IDAHO	
		addresses of the initial design	nated office:	
	est Main Street, St. Anthony, I	· ·	-	
(Street A	· · · · · · · · · · · · · · · · · · ·			
(Mailing /	Address, if different than street addre	ess)	·····	
3. The nar	me and complete street a	address of the registered age	nt:	
Karen I	11	110 West Main Street, St. Anthony, ID 83445		
(Name)		(Street Address)		
compan	<u>Name</u>		lress	
Karen I	li .	110 West Main Street, St. A	110 West Main Street, St. Anthony, ID 83445	
Cody T	albot	290 North 1000 West, Black	290 North 1000 West, Blackfoot, ID 83221	
			·	
-				
•			·	
•		spondence (annual report noti	ices):	
Bryce C	Lloyd, Attorney at Law, P.O	. Box 1047, Blackfoot, ID 83221		
	<b></b>			
o. Puture e	effective date of filing (op	rtional):		
Signaturo d	of a manager, member	or authorized		
erson.	n a manager, member			
	$\infty$ $\sim$		Secretary of State use only	
Signature	VADENIII	, <u> </u>		
Typed Name	e: KAREN ILI			
Signature_	Coly Talks			
wood Need	CODY TALBOT			

cert\_org\_lic Rev. 07/2010

Typed Name: COUY TALBOT

W128547