

Typed Name:

MANAGING MEMBER

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR -8 AM 9: 00

The name of the limited liability compa	ny is:	SECRETARY OF STATE OF IDA
M	IR BIG LLC	VIAIL OF IL
The complete street and mailing address	sses of the initial designat	ed/principal office:
· · · · · · · · · · · · · · · · · · ·	ONNERS FERRY ID 83805	
(Street Address)	ONNERS FERRY ID 83805	
(Mailing Address, if different than street address)		
The name and complete street address	of the registered agent:	
STEVEN IRELAND	6409 MAIN ST BONNERS	FERRY ID 83805
(Name) (S	Street Address)	
		4.
The name and address of at least one r company:	member or manager of the	e limited liability
Name	Address	
STEVEN IRELAND	6409 MAIN ST BONNERS	FERRY ID 83805
GINA IRELAND	6409 MAIN ST BONNERS FERRY ID 83805	
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anne de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de		
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Mailing address for future corresponder)):
PO BOX 1890 BC	ONNERS FERRY ID 83805	
Future effective date of filing (antional):		
Future effective date of filing (optional):		
ingtive of executive (a) (c	mbas as!-	
nature of organizer(s). (An organizer is a mer ng in behalf of a member or members).	mper, or is	
		tary of State use only
nature	miskoert_org_Hc.PMD	
ped Name: MANAGING MEMBER	g	Walaza
	98 86	1100.17