

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 12 JAN 30 PM 2: 47

(Instructions on bac	ck of application)	CEORETARY OF STATE
1. The name of the limited liability co	ompany is:	SECRETARY OF STATE STATE OF IDAHO
	CHEER EXTREME	·
The complete street and mailing a 5522Delaware Chubbuck Id 83202	ddresses of the	initial designated office:
(Street Address)	<u>-</u>	
(Mailing Address, if different than street address)		
3. The name and complete street add	dress of the regi	stered agent:
Jessica Gallup	5522 Delaware	Chubbuck Id 83202
(Name)	(Street Address)	
The name and address of at least company:	one member or	manager of the limited liability
<u>Name</u>		Address
Cindy Dixon	460 Callaway	Chubbuck, ID 83202
Jessica Gallup	5522 Dela	ware Ave, Chubbuck,ID 83202
	<u></u>	
5. Mailing address for future correspondence of the State of State	•	report notices):
6. Future effective date of filing (option	onal):	
Signature of a manager, member of	or authorized	
person.) [Secretary of State use only
Signature Small All	D_	
Typed Name: Jessica Gallup		
Signature Candy Duxan	,	IDAHO SECRETARY OF STATE
Typed Name: Cindy Pixon		CX: 1049 CT: 266511 BH: 1306

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