

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

(Instructions on back of application)

2015 JUN 15 PM 2: 37

(mondono on page	• •
1. The name of the limited liability co	mpany is: SECRETARY OF STATE STATE OF IDAHO
Cell Function 4	C.
	ddresses of the initial designated office:
_ 2421 N Sequoja 1	•
(Street Address) MCRIAN ID 83646	
(Mailing Address, if different than street address)	
3. The name and complete street add	ress of the registered agent:
Inna Bibikov	2421N Sequeratur Meridian
(Name)	2421 N Sequoia Aut Meridian (Street Address) 10 83046
1. The name and address of at least	· · ·
company:	one member or manager of the limited liability
Name	<u>Address</u>
Poter BilikaV	2421 N GERUCIA AVE MENDIAN 10 83646
<b>5 84 9 1 1 1 1 1 1 1 1 1 1</b>	
5. Mailing address for future correspond	ndence (annual report notices):
2421 N Sequoid Hu	re Meridian 1082166
·	
<ol><li>Future effective date of filing (option</li></ol>	nal):
Signature of a manager, member or	authorized
person.	
- da -	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE
Typed Name: <u>feter</u> Bibikol	06/16/2015 05:00
	CK:1007 CT:310688 BH:14800
Signature / MMUM	1@ 100.00 = 100.00 ORGAN LL
Typed Name Inna BIBIFON	\ \.1160 anl
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