

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back of applica	ation)
1. The na	me of the limited liability company is:	SECRET BY OF STATE STATE OF IDAHO
Tiv	iker Toy's Pawn LL	
, ,	mplete street and mailing addresses of	
	LEWA; AUE. Salmon	
(Mailing /	Address, if different than street address)	
3. The na	me and complete street address of the	e registered agent:
		LEMANTE Salmon ID 834;
4. The na	me and address of at least one memberry:	er or manager of the limited liability
-	<u>Name</u>	Address
TU	Dunas B. Kantinan 71	9 LEMAi AVE. Salmon ID 834
Va	housing M Stratton 90	2 Barer Ave Salmon ID 8346
MA	DRY E. WHALEN 400	509 Courthouse Salmon ID 8346
		······
5. Mailing	address for future correspondence (ar	nnual report notices):
719	LEMBI AVE. Salmon	TO. 83467
6. Future	effective date of filing (optional):	
Signature person.	of a manager, member or authorize	ed
P010011.	- 011	Secretary of State use only
Signature_ Typed Nam	11 Mouras B. Kaufman	
Signature_		IDAHO SECRETARY OF STATE

CK: 4775 CT: 209758 BH: 1265297 1 8 100.00 = 100.00 ORGAN LLC # 2

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