

CERTIFICATE OF ORGANIZATION FILED EFFECTIV LIMITED LIABILITY COMPANY

	(Instructions on I	pack of application)	2014 UC1 -8 AM 10: 27
1. 1	The name of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO
2. 1	The complete street and mailing addresses of the initial designated office: 6 South 1000 West, Blackfoot, Idaho 83221 (Street Address)		
	(Mailing Address, if different than street address	rss)	
3. T	The name and complete street address of the registered agent:		
	Alan Tsukamoto	6 South 1000 West, E	llackfoot, Idaho 83221
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company;		
	Name Alan Tsukamoto	Address 6 South 1000 West, Blackfoot, Idaho 83221	
	alling address for future corres 6 South 1000 West, Blackfoot, Idaho		rt notices);
6. F	uture effective date of filing (op	tional):	
Signa persor	ture of a manager, member	or authorized	
	ture Alanda	\mathcal{L}	Secretary of State use only
Typed	Name: ALAN TSUKAMOTO		TREUN GERNEMINU AN
Signat	ture		10/08/2014 05:
_	Name:	1	K:2277320 CT:172099 BE @ 100.00 = 100.00 ORGA

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