

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 JUL 18 AM 9: 11

(Instructions on back of application)

SECRETARY OF STATE

	The name of the limited liability company	ly is:
	Rehabbers	Anonymous, LLC
	The complete street address, and mailing principal office:	ng address if different, of the initial designated/
	115 E	East Main St.
•	The name of the commercial registered address of the non-commercial registere	agent; or the name and complete street ed agent:
	Dale P. Thomson, 115 Ea	ast Main St., Rexburg, ID 83440
	The name and address of at least one m	nember or manager of the limited liability
•	company:	Address
	Dale P. Thomson	P.O. Box 609, Rexburg, ID 83440
_	Mailing address for future corresponden	nce (annual report notices):
5.		O. Box 609
6.	Future effective date of filing (optional):	
Siç	gnature of an organizer(s). (An organizer is a	a member,
	s acting in behalf of a required, and existing, initial members).	Secretary of State use only
·		OR 125 DE 1000
,	ned Name: Dale P. Thomson	
Гу	ped Name: Dale P. I nomson	//////////////////////////////////////
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