

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

12/21/11/21/9:09

(Instructions on back of application)

(gwest of the second
1. The name of the limited liability company is:	SMORT CONTRACTOR STATE
JAR IIC	
2. The complete street and mailing addresses of	f the initial designated office:
Street Address) W. Maracay Dr. Menc	lian ID. 831046
(Mailing Address, if different than street address)	
3. The name and complete street address of the	registered agent:
NICDLE BOSS. 2693 (Street Add	W. Maracay. Dr. Maralain 831016
The name and address of at least one member company:	er or manager of the limited liability
NICOLE ROSS 2092	W. Maracay Dr Mendian 830
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5. Mailing address for future correspondence (ar	· · · · · · · · · · · · · · · · · · ·
2093 W. Maracay Dr. Mi	Maior (D80140.
6. Future effective date of filing (optional):	
Signature of a manager, member or authorize person.	
Simulation Hope	Secretary of State use only
Typed Name: NICOL POSS.	
	IDAHO SECRETARY OF STATE
Signature	CK: 1106 CT: 265447 PM: 12054
Typed Name:	1 @ 190.00 = 188.00 ORGAN LLC # 2

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