

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 27 AM 8: 21

SECRETARY OF STATE

 The name of the limited liability company 	y is: STATE OF IDAHO
Anda	ara Life LLC
. The complete street and mailing address	ses of the initial designated/principal office:
343 e 4th n	Rexburg ID 83440
(Street Address)	
(Mailing Address, if different than street address)	
. The name and complete street address of	of the registered agent:
Andrew Junior Dewsnup	2573 N 15000 E Newdale ID 83436
(Name) (Str	reet Address)
The name and address of at least one m company: Name	nember or manager of the limited liability Address
Andy Dewsnup	2573 N 15000 E Newdale ID 83436
	A second

######################################	
	,
. Mailing address for future correspondent	ce (annual report notices):
•	Rexburg ID 83440
6. Future effective date of filing (optional):	
	garan Aren.
gnature of organizer(s). (An organizer is a mem	nber, or is
etting in behalf of a member or members).	Secretary of State use only
ignature O	QWG 24
yped Name: Andrew Dewsnup	TING PURPLE SECRETARY OF STATE
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ignature	INCHO SECRETARY OF STATE

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