

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 MAR 15 PM 3: 09

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Instructions on	back of application)	SECRETARY OF IL	STATE
1. The nam	e of the limited liabilit	y company is:	A Parameter Comments of the Co	, with
	natics 11c			
		ng addresses of the init	ial designated/principal	office:
2115	Pleasonton a	ve Caldwell 11	73145	onioo.
(Street Add				
(Mailing Add	dress, if different than street add	ress)		·
3. The name	e and complete street	address of the registe	red agent:	•
~	•			
Dan	iel tailla	<u>2115 Pleason</u>	iton Ave Coldwell	ID 13005
(Name)		(Street Address)		
4. The name	and address of at la	ast one member or ma	nager of the limited liab	nility
company		ast one member of ma	nager of the inflited liat	onty.
^	Name		Address	4215 <i>6</i>
Dunie	.1 Failla	2115 Aleasanton	the Coldwell, ID	83605
·				
				
5. Mailing a	ddress for future corre	spondence (annual rej	port notices):	
Samo				e et.
6. Future eff	fective date of filing (o	ptional):		
				1 #
	rganizer(s). (An organiz			
acting in behalf	of a member or members)		Secretary of State use (only
Signature 🕽		ic.PMD	•	
Typed Name:	Daniel Faille			•
Ah		matoer 08	ı	
Signature		forms/LIC forms/cerl_org_Ec.PMD	IDAHO SEC 03/16/2	RETARY OF STATE
Typed Name:		bemsk	CK: CASH CT:	245955 BH: 121