

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 09 APR 14 AM 8: 51

(Instructions on back of application)-

1.	The name of the limited liability co	mpany is:	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing ac	• • •		
	(Street Address)	Hinsdale Ct - Boise, I		
	(Mailing Address, if different than street address)			
3.	The name and complete street add	iress of the regist	ered agent:	
	Danielle Williams		Hinsdale Ct - Bolse, ID 83704	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name		Address	
	Danielle Williams - Member	10444 W	Hinedale Ct - Bolse, ID 83704	
		****		
		<u> </u>		
5.	Mailing address for future correspo	ondence (annual n Hinsdale Ct - Boise, i	•	
6.	Future effective date of filing (option	nal):		
_	nature of organizer(s). (An organizer is an interest of a member or members).	a member, or is		
		<b>,</b>	Secretary of State use only	
	nature <u>Danielle C Will</u> ed Name: <u>Danielle Williams</u>	iams 3		
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