

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 FEB -1 AM 8: 36

OF A	(Instructions on back of application)	
1.	The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
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9	The complete street and mailing addresses of the initial designated/pr	incipal office.
۷.	1750 Sand Hollow Rd, Caldwell, ID 83101	7
	(Street Address)	<u> </u>
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Shelke McReynolds 1750 Sand Hollow (Street Address) ID 83607	Rd. Caldwell
4.	The name and address of at least one member or manager of the limi company:	ted liability
	Shelke McReynolds 1750 Sand Hollow Rd, Caldw	WI, ID 83.07
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		,
5	Mailing address for future correspondence (annual report notices):	
M50 Sand Hollow Rd. Caldwell ID 83607		
	The Control of Control of Control	
6.	Future effective date of filing (optional):	
•	nature of organizer(s). (An organizer is a member, or is no is no in behalf of a member or members).	
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Sig	nature Muller Miller Tolland	
Тур	ped Name: Shellee McRelynolds	
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	Inature CK: 1485	CT: 244450 BH: 1285978
· i y	ped Name: Sheller McReynolds ped Name: Sheller McReynolds ped Name: CK: 1485 1 9 188.	100(11)