



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 JUN 15 PM 2: 26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ALLITRESSLER LLC

2. The complete street and mailing addresses of the initial designated office:

128 N. Plymouth Avenue, New Plymouth, Idaho 83655

(Street Address)

P.O. Box 369, New Plymouth, Idaho 83655

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Allison M. Bettencourt

(Name)

128 N Plymouth Ave, New Plymouth, ID

(Street Address)

83655

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Allison M. Bettencourt

128 N. Plymouth Avenue, New Plymouth, Idaho 83655

5. Mailing address for future correspondence (annual report notices):

P.O. Box 369, New Plymouth, Idaho 83655

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Allison M. Bettencourt

Typed Name: Allison M. Bettencourt

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**06/16/2015 05:00**

CK:9007 CT:311382 BH:1480000

1@ 100.00 = 100.00 ORGAN LLC #2

W152904