

CERTIFICATE OF ORGANIZATION ED LIABILITY COMPANY 08 JUL 16 PM 12: 03

* OF N	(Instructions on ba	ck of application)	SECRETARY OF STATE
The name	of the limited liability o	ompany is:	STATE OF IDAHO
		Nomron, LLC	
The comple		mailing address if d	ifferent, of the initial designated/
É	4201 F T	Thomas Mill Dr. Nampa Id	1 83686
		stered agent; or the	name and complete street
1		Brent Kotter 42	DI E Thomas Mill De
			Nampa, ld
The name company:	and address of at leas	t one member or ma	nager of the limited liability
company.	Name	•	Address
Brent Kotter		4201 E. Thom	nas Mill Drive, Nampa Id 83686
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<u>.</u>			
Mailing add	dress for future corresp	oondence (annual rep	port notices):
	4201 E. Th	nomas Mill Drive, Nampa	ld 83686
Future effe	ctive date of filing (opt	ional):	
anature of ar	n organizer(s). (An organ	izer is a member,	
s acting in beh	alf of a required, and existing	ng, initial member	Secretary of State use only
members).	2	R. PMD	occidely of claim use only
gnature <u>//</u>	10 114		
ped Name:	Breat Kotten	PArmett C formston Revised 07/2008	IDAHO SECRETARY OF STATE 07/16/2008 05=00 CK: 1827 CT: 227911 BH: 112731: 1 8 188.88 = 188.88 ORGAN LLC
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ped Name:			1. ~ 1 - ~ 1

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