

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

11 MOA SI WW 8: 7

CE TO	(Instructions of	on back of application)	SEORL MY_OT N
1. The n	ame of the limited liab	ility company is:	STATE OF IDAH
		ZDS, LLC	
	The complete street and mailing addresses of the initial designated/principal office: 328 South 7th Street, St. Maries, Idaho 83861		
(Street	Address)		***************************************
(Mailin	g Address, if different than street	address)	
3. The n	ame and complete stre	eet address of the registered agent:	
Keith	W. Nance	328 South 7th Street, St. Maries, I	Idaho 83861
(Name	)	(Street Address)	
4. The n		least one member or manager of the	limited liability
	<u>Name</u>	Address	
Keith	W. Nance	328 South 7th Street, St. Maries,	Idaho 83861
Jolan	ee Nance	328 South 7th Street, St. Maries,	Idaho 83861
<del></del>			
5. Mailin	g address for future co	rrespondence (annual report notices)	· · · · · · · · · · · · · · · · · · ·
	South 7th Street, St. Maries,	•	
6. Future	e effective date of filing	(optional):	
		•	
•	of a manager, mem	iber or authorized	
person.	) .i ^	Secreta	ary of State use only
Signature	_ Kuthw//	in the second se	
Typed Na	me: Keith W. Nance		
1	10 11-		
Signature	ptares NO		IDAHO SECRETARY OF STATE /21/2011 05:00
Typed Na	me: Jolaree Nance	CK: 1	15631 CT: 79744 BH: 129881 NG.98 = 198.88 ORGON   C.#

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CK: 115631 CT: 79744 BH: 1298811 1 0 100.00 = 100.00 ORGAN LLC # 2

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