

CERTIFICATE OF ORGANIZATION ED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 23 AM 9: 07

	(IIIStractions on back	or application	7 ZUIS JAN 23 AN SEUT
1.	The name of the limited liability com	ipany is:	SECRETARY OF STATE
2.	The complete street and mailing addresses of the initial designated office: 1522 Elk Creek Drive, Idaho Falls, ID 83404		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	-		
	Douglas L. Murphy	1522 Elk Cree	ek Drive, Idaho Falls, ID 83404
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		<u>Address</u>
	Douglas L. Murphy	127 Haven La	ane, Idaho Falls, ID 83404
5.	Mailing address for future correspon- 1522 Elk Creek Drive, Idaho Falls, ID 834	•	al report notices):
6.	Future effective date of filing (options	al):	
	nature of a manager, member or son.	authorized	
			Secretary of State use only
Sig	nature Mu		
Тур	ped Name: Douglas L. Murphy		
			IBOUN CERPETARY OF STATE

IDAHO SECRETARY OF STATE

1/23/2013 05:00

CK: 5025 CT: 278497 BH: 1356841

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1 0 20.00 = 20.00 EXPEDITE C # 3

USCAL 1/2/

Signature_____

Typed Name: _____