

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR -6 AM 9: 19

ED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

	dresses of the initial designated/principal office:
	ard Ave. Rexburg, ID 83440
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street addr	ress of the registered agent:
Carl leder	168 Harvard Ave. Rexburg, ID 83440
(Name)	(Street Address)
The name and address of at least o company:	one member or manager of the limited liability
<u>Name</u>	Address
Tracey Leder	168 Harvard ave. Rexburg, ID 83440
Mailing address for future correspondence	ndence (annual report notices):
168 Harv	vard Ave. Rexburg, ID 83440
Future effective date of filing (option	nat).
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nature of organizer(s). (An organizer is ng in behalf of a member or members).	
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nature (Jul) W Jestes	GA / GE / STATE   GA / GE /
ped Name: Carl Leder	- Islandia and the second of t

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