| 251 | |
|--|---|
| CERTIFICATE OF | ORGANIZATION |
| LIMITED LIABILI | TY COMPANY 2012 NOV 15 AM 9:09 |
| (Instructions on back | s of application) |
| 1. The name of the limited liability con BODY 18D | mpany is: SECRETARY OF STATE |
| 2. The complete street and mailing addresses of the initial designated office: | |
| 11551 W. PEISTINEBRC (Street Address) | ok DR. STAR, 1D. 83669 |
| (Mailing Address, if different than street address) | |
| 3. The name and complete street add | ress of the registered agent: |
| DENIELLE BROWNING | (Street Address) STAR, 1D. 83669 |
| The name and address of at least of company: | one member or manager of the limited liability |
| | Address |
| • | 11551 W. PRISTINEBROOK DR. STAR, 11.886009 |
| EMILY SMITH | 11019 W. WILDLIFE ST. STAR, ID. 53669 |
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| | |
| | |
| | |
| 5. Mailing address for future correspo | |
| 11551 W. PRISTINEBROOK DR. STAR, ID. 836109 | |
| 6. Future effective date of filing (optional): | |
| | |
| Signature of a manager, member or authorized | |
| person. | |
| Signature Ognill Brun | |
| Typed Name: ANIELLE PROW | |
| | |
| Signature Emily Smith | |
| Typed Name: Emily SMITH | IDANO SECRETARY OF STATE |
| | |
| 21/2012 | Cert_org_lic Rev. 07/2010 CK: 2687 CT: 187706 BH: 1347712 1 @ 100.00 = 100.00 ORGAN LLC # 2 |
| | W119088 |
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