

Signature _____

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	LIMITED LIABILITY COMPAI	VY 09 MAR 23 AM 9: 18
	(Instructions on back of application)	SECRETARY OF OTATE
1. The na	ame of the limited liability company is:	STATE OF IDAHO
D15	TRIBUIDORA LA TAPA	TIA LCC
2. The co	omplete street and mailing addresses of the init	ial designated/principal office:
<u>55</u> (Street /	North Standford Apt Address)	E Nampa, ID 836.
(Mailing	Address, if different than street address)	
3. The na	ame and complete street address of the registe	red agent:
Ma. (Name)	yco A. Given R. 65 Nov	th Standford Apt. B Namy ID 8365
compa	ame and address of at least one member or ma any: Name	*
Marc	Name to A. Givan R. 65 North Sta	matera tipt. D Nauges, 10 B3651
	:	
	g address for future correspondence (annual re	
65	North Standford Apt. B Nang	n, ID 83651
6. Future	e effective date of filing (optional):	
•	of organizer(s). (An organizer is a member, or is	
acting in beh	half of a member or members).	Secretary of State use only
Signature	me: Marco AGEron R	
Typed Nar	me: Marco A.Giron R.	

INAHO SECRETARY OF STATE

03/23/2909 05 206

CK: 6366 CT: 192263 MH: 1162411

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