

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2015 FEB 20 AM 8: 50

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liabi	lity company is:	SECRETARIO STATE OF IDAHO	
SixHundred LLC	· · · · · · · · · · · · · · · · · · ·	<del></del>	
The complete street and mail 230 Moonlight Lane, Tetonia, ID	-	e initial designated office:	
(Street Address)	_ <del></del>		
(Mailing Address, if different than street a	ddress)		
The name and complete stree	et address of the reg	gistered agent:	
Jim Lasson	230 moonligh	230 moonlight lane, Tetonia, ID 83452	
(Name)	(Street Address)		
The name and address of at company:  Name	least one member o	r manager of the limited liability  Address	
Jim Lasson	230 Moonligh	t Lane, Tetonia, ID 83452	
Mailing address for future cor	•	al report notices):	
230 Moonlight Lane, Tetonia, ID	53432 		
Future effective date of filing	(optional):		
gnature of a manager, memb rson.	ber or authorized		
	***	Secretary of State use only	
gnature / molous	<u> </u>	IDAHO SECRETARY OF STAT	
ped Name. Jim Lasson		02/20/2015 05:00 CK:3898 CT:304113 BH:14	
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ped Name:			
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