

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -9 AM 9:08

1.	The name of the limited liability com	pany is:	ncisae II <i>C</i>	SECRETARY (STATE OF I		
2.	The complete street and mailing add		ne initial desi	gnated/princi	pal office:	
	(Street Address)	922 McCall k	iaho 83638		· · · · · · · · · · · · · · · · · · ·	
	(Mailing Address, if different than street address)			· · ·		
3.	The name and complete street addre	ess of the re	gistered age	ent:		
	Gabriela Hess		St McCall	ID 83638		
	Name) (Street Address)			,		
	The name and address of at least on company:	e member	or manager	of the limited	liability	
	Name	_	Address PO Box 2922 McCall Idaho 83638			• . •
	Gabriela Hess	P				
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5.	Mailing address for future correspond PO Box 2	ience (annu 1922 McCall id	•	tices):		•
6.	Future effective date of filing (optiona	ıl):		14. J	,,,	
	nature of organizer(s). (An organizer is a r g in behalf of a member or members).	member, or is				3
avar.,			ę	Secretary of State	use only	
Sign	ature					
Туре	ed Name: () GABRIELA HESS		#Cert_or			
Sign	ature		07/2008			÷
-	ed Name:		Corpitormatulic fermishert org Js. PMD Revised 07/2008	IDAHO SE 06/09/ CK: 2200 CT:	CRETARY OF STATE 2010 05 = 248743 BH; 122	92 5911