

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 OCT 20 AM 9: 13

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

-	OF IDAMU
The name of the limited liability co	mpany is:
	easing Concierge, LLC
The complete street and mailing as	ddresses of the initial designated/principal office:
The complete street and mailing at 16070 Idah	no Center Blvd Nampa Id 83687
(Street Address)	
(Mailing Address, if different than street address)	
demonstrate street ad	
The name and complete sileet ad-	
Michael Edgar	16070 Idaho Center Blvd, Nampa Id 83687
(Name)	(Street Address)
	when ar manager of the limited liability
	one member or manager of the limited liability
company: Name	<u>Address</u>
Michael Edgar	16070 Idaho Center Blvd. Nampa Id 83687
:	
5. Mailing address for future corresp	pondence (annual report notices):
16070 ld	laho Center Blvd Nampa Id 83687
6. Future effective date of filing (op	tional):
Signature of organizer(s). (An organize	r is a member, or is
acting in behalf of a member or members).	Secretary of State use only
15/7/L	IS PMR
Signature Michael Edg	IDAHO SECRETARY OF STATE
Typed Name: Michael Edg	CK: 1801 CT: 236689 BH: 1146752
Signature	108
Typed Name:	1 marin was 1 marin 1
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