

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 SEP 12 PM 12: 20

	(Instructions on back of application) STATE OF IDAHO
1.	The name of the limited liability company is:
2.	The complete street and mailing addresses of the initial designated/principal office: 3651 W HEANDER W (Street Address)
3.	The name and complete street address of the registered agent:
1	(Name) 365) N. MEANDER WAY, ENCLE (Street Address) (Street Address)
	The name and address of at least one member or manager of the limited liability company:
l	ALLEN GORIN 365) N. MERNOER WAY, EXECUTO 83616
5. 36	Mailing address for future correspondence (annual report notices): (5) N. MEWUER WY, EXELE, IDNHO 63616
6.	Future effective date of filing (optional):
Sign	nature of a manager, member or authorized
_	ed Name: ALLEN GORIN
Sigr	IDAHO SECRETARY OF STATE 99/12/2011 05:00 CK: 6140 CT: 152844 BH: 1290831 1 0 100.00 = 100.00 = 100.00 100