

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC 31 AM 9: 12

SECRETARY OF STATE

The name of the limited liability	company is: STATE OF IDA
The complete street and mailing	addresses of the initial designated/principal office:
The complete street and mailing	53 East 200 South
(Street Address)	
(Mailing Address, if different than street addres	Jerome, ID 83338
The name and complete street a	ladress of the registered agent.
Patrick Danos	53 East 200 South; Jerome, ID 83338
(Name)	(Street Address)
• .	st one member or manager of the limited liability
company:	and the second s
Name Patrick Danos	Address 53 East 200 South; Jerome, ID 83338
Christine Danos	53 East 200 South; Jerome, ID 83338
. Mailing address for future corres	pondence (annual report notices):
	st 200 South; Jerome, ID 83338
. Future effective date of filing (op	tional):
gnature of organizer(s). (An organizer	r is a member, or is
ting in behalf of a member or members).	
on Os	Secretary of State use only
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yped Name: Marie O'Donn	iell g
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