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

## FILED EFFECTIVE

11 MAR -3 AM 8: 47

<b>***</b>	(Instructions on back of application	n)
N.	(monuclions on back or application	" SECRETION OF A
1.	The name of the limited liability company is:	SECRETARY OF STA <b>TE</b> STATE OF IDAHO
	WE LOVE TRANSMISSION:	
2. The complete street and mailing addresses of the initial designated/principal office:		
	1110 215T STREET LEW (Street Address)	ISTON 10 83501
(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:	
	ABE BERGAMO 1110 2 (Name) (Street Address)	LIST STREET LEWISTON 1083501
4.	4. The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	ARE BERGAMO 1110 21	ST STREET 83501
	ARE BERGAMO 1110 21 ROBERT BERGAMO 1110 2	115151
		<u>.</u>
		, sing
5. Mailing address for future correspondence (annual report notices):		
6. Future effective date of filing (optional):		
Signature of a manager, member or authorized person.		
, •	4.3	Secretary of State use only
Signature 42		
Typed Name: ARE REAGAND		
Sia	nature <i>fol at B B essam</i>	IDAHO SECRETARY OF STATE
	ned Name: And of A Ac 44 mg	03/03/2011 05:00 CK: 1294 CT: 256128 RH: 1262491

cert\_org\_lic Rev. 07/2010

1 # 100.00 = 100.00 ORGAN LLC # 2

W101087