

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

	(Instructions on ba	ick of application)	OFOR
	ame of the limited liability of	company is:		STATE DE IDALI
	ey 211 West D Street, LLC			
	emplete street and mailing		initial designated	d office:
		scow ID 838	843	
(Street /	Address)			_
(Mailing	Address, if different than street address	5)		
3. The na	ame and complete street ac	dress of the regi	istered agent:	
	s L Westberg	401 E Vea	atch St Mos	cow, ID 83843
(Name)		(Street Address)		
4. The na	ame and address of at leas	t one member or	manager of the	limited liability
compa	-			
l= t-	Name	4740 A 161-11	Address	na CA 04117
Jacob	J. Stookey	1740 A vvaller	Street, San Francis	CO CA 94117
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•) address for future corresp A Waller Street, San Francisco C	•	report nouces).	
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