

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN 20 AM 10: 0

CE TO DE	(Instructions on	back of application)	SECRETARY
1. The name	e of the limited liabili	ty company is:		SECRETARY STATE OF
	& Wench,LLC	cy company to.		I
			(attack door) and a tope	
•	he complete street and mailing addresses of the initial designated office: 509 Sandy Ridge Road, Naples Idaho 93947			
(Street Addr	<u> </u>	300 33341		
	dress, if different than street add	•		
3. The name	e and complete stree	t address of the reg	istered agent:	d transfer
Kevin Mai	nsoor	509 Sandy Ric	509 Sandy Ridge Road	
(Name)		(Street Address)		
4. The name company:		east one member o	manager of the limited liabi	lity
	<u>Name</u> <u>Address</u>		<u>Address</u>	
Kevin Mai	ansoor 509 Sandy Ridge Rd, Nap		lge Rd, Naples, ID 83847	
				
<u></u>				
<u> </u>				<u></u>
	ddress for future corr		al report notices):	
509 Sand	y Ridge Rd, Naples ID 83	3847 		
-				
Future eff	fective date of filing (optional):		
Signature of	a manager, memb	er or authorized		
person.	J ,			
	7		Secretary of State use or	ily
Signature			IDAHO SECRETARY	
Typed Name: Kevin Mansoor			01/21/2015	
	_	-	CK:139 CT:305390 10 100.00 = 100.00	
Signature			ig igothe the pe	errager 1111c 1
Гуреd Name:			all wi	.) .) .

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