

CERTIFICATE OF ORGANIZATION Ell En Eccentive

ZOI3 APR I LAM 8: 25	
(Instructions on back of application)	
1. The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO	
2. The complete street and mailing addresses of the initial designated office:	
(Street Address) (Street Address) (Malling Address, it different Than street address)	
3. The name and complete street address of the registered agent:	
Brandon Hampton 418 Bryan Drive Kamiah Id (Street Address) 42 Kamiah Id 8.35 36	1
The name and address of at least one member or manager of the limited liability company:	
Reberah Williams 165 Rosehaven Lane Kookia Id Robleigh Williams 165 Rosehaven Lane Kookia Idas	Z Z
5. Mailing address for future correspondence (annual report notices): 122 Liberty Roach Koad Clearwater Loans 83552	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person. Secretary of State use only	
a mach until in a	
Typed Name: Deberah Williams	
Signature	

cert_org_lic Rev. 07/2010

IDAHO SECRETARY OF STATE

04/11/2013 05:00

CK: 1358199 CT: 172099 BH: 1368997
1 0 100.00 = 100.00 ORGAN LLC # 2

Typed Name: