

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY08 JUL 28 AM 9: 00

(Instructions on back of application) SECRETARY OF STATE

The name of the limited liability cor	mpany is:	∌ .	STATE UF TUAH	0	
	GS Properties, LI	.c			
. The complete street and mailing ad	dresses of the	initial de:	signated/principa	office:	
	ington, Pocatello,				
(Street Address)					
(Mailing Address, if different than street address)					
The name and complete street addr	ress of the reg	istered aç	gent:		
George Shindurling	1899 Arlington, Pocatello,		Pocatello, ID 83204	. ID 83204	
(Name)	(Street Address)				
The name and address of at least o company:	ne member or	manager	of the limited lial	oility	
<u>Name</u>		-77	<u>ddress</u>		
George Shindurling	189	Arlington,	Pocatello, ID 83204		
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				<u> </u>	
Mailing address for future correspon	ndence (annua	l report no	ationa):		
the state of the s	ngton, Pocatello,		nices).		
Future effective date of filing (option	al):				
nature of organizer(s). (An organizer is a	member, or is				
in behalf of a member or members).		w	Secretary of State use of		
ature <u>kw</u> M.M.	OMP.	•	Decretary of State use (ину	
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