

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

2012 JUN - 1 PM 4: 43

	(Instructions on back of application)  SECRETARY OF STATE STATE OF IDAHO
1. Th	name of the limited liability company is:
1	acu Bella Desians, LLC
2. Th	complete street and mailing addresses of the initial designated office:
1	193 E. Loch Haven
•	Avden, ID 83835 illing Address, if different than street address)
3. Th	name and complete street address of the registered agent:
<u>(</u> K	iNae Petersen 1093 E. Loch Haven, Hayden 10 83835  (Street Address)
	name and address of at least one member or manager of the limited liability pany:
	Name Address
	ande Petersen 1093 E Loch Haven, Hayden 10 8383
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-	
5. Ma	ling address for future correspondence (annual report notices):
<u>S</u>	ime.
6. Fu	ure effective date of filing (optional):
Signat person	re of a manager, member or authorized
•	Secretary of State use only
Signati	C. T.
rypea	lame: <u>Lanae Petersen</u>
Signate	re
	lame: IDAHO SECRETARY OF STATE
	06/01/2012 05:00 CK: 1814988 CT: 172899 RH: 1326594

cert orgulic Rev. 07/2010

1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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