P.2

CERTIFICATE OF C		2012 MAY 29 PM 4:3
(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO
1. The name of the limited liability con	npany is:	<b>-</b>
MURE		
2. The complete street and mailing add 5261 TILDY AMMON, ID 83406	dresses of the initial desl	unated office:
(Street Address)		
(Mailing Address, if different than street address)	one of the registered age	nt
3. The name and complete street add	ess of the registered age	110.
	5261 TILDY AMMON, ID 83406 (Street Address)	
(Name)	(Sueer Mooress)	
4. The name and address of at least o	ne member or manager o	of the limited liability
company: <u>Name</u>	Ad	dress
	5261 TILDY AMMON, ID 83	
5. Mailing address for future correspon 5261 TILDY AMMON, ID 83406	ndence (annual report no	tices):
6. Future effective date of filing (option	nal):	
Signature of a manager, member or person.	r authorized	Secretary of State use only
Signature <u>Sheila Mundack</u> Typed Name: SHEILA MURDOCK		
Signature		
Typed Name:		IDAHO SECRETARY OF STATE 05/30/2012 05:00 (: 1009442 CT: 172099 BH: 1326) @ 100.00 = 100.00 Organ LLC #
		W114421