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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2015 APR -8 PM 4:45

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Nu Visions LLC.

2. The complete street and mailing addresses of the initial designated office:

8217 Woodworth Post Falls ID 83854
(Street Address)

- Same -
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

James Randolph SR. 8217 Woodworth Post Falls ID 83854
(Name) (Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>James Randolph SR.</u>	<u>8217 Woodworth Post Falls ID 83854</u>
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

8217 Woodworth Post Falls ID 83854

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]
Typed Name James Randolph

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/09/2015 05:00
CR:2736004 CT:172099 BH:1470045
1@ 100.00 = 100.00 ORGAN LLC #2

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