

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY FILED: EFFECTIVE

	(Instructions on back	(of application)	
1.	The name of the limited liability com	pany is:	SECHALL OF STATE STATE OF IDAHO
2.	The street address of the initial regis		
	and the name of the initial registered SCOTT CAISSE	agent at the above	e address is:
3.	The mailing address for future correspondence is: 7917 ARLINGTON DR NAMPA ID 83687		
4.	Management of the limited liability company will be vested in:		
	Manager(s) ☐ or Member(s) ✓ (please check the appropriate box)		
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.		
	Name		Address
	SCOTT CAISSE	7917 ARLINGTO	ON DR NAMPA ID 83687
6. 3	Signature of at least one person respo	nsible for forming t	he limited liability company:
	ignature:		Secretary of State use only
	yped Name: SCOTT CAISSE apacity: MANAGING MEMBER	imiformsti i. C'irrmspantenfringanica nr. 366 Revised 07/2002	Secretary of State use only
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