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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application)	
1. The name of the limited liability co	ompany is: SECHER BY OF STATE STATE OF IDAHO
440 South Fork Cottonwood, Swan Val (Street Address) P.O. Box 51, Swan Valley, Idaho 8344 (Mailing Address, if different than street address)	19)
3. The name and complete street ad Bert Holland (Name)	Idress of the registered agent: 440 South Fork Cottonwood, Swan Valley, Idaho 83449 (Street Address)
 The name and address of at least company: Name Bert Holland 	one member or manager of the limited liability <u>Address</u> P.O. Box 51, Swan Valley, Idaho 83449
Travis Byington	P.O. Box 51, Swan Valley, Idaho 83449
5. Mailing address for future correspondence P.O. Box 51, Swan Valley, Idaho 8344	
6. Future effective date of filing (optional): Signature of a manager, member or authorized	
Signature Bert Holland	Secretary of State use only
Signature Typed Name:	CK: 2024 CT: 262023 BH: 1208593 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3
	Cert_ong_lic Rev. 07/2010 W106327