

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 15 THE 16

(Instructions on back of application)

	STATE OF IDAHO
1. The name of the limited liability company /is:	. 10
HAGD/MAN JON/Z	5/10
2. The complete street and mailing addresses of the	e initial designated/principal office:
	AGLE, IDAHO
(Street Address)	83G/la
(Mailing Address, if different than street address)	
3. The name and complete street address of the reg	gistered agent:
(Name) Street Address)	BAKENE
The name and address of at least one member o company:	r manager of the limited liability
BRANDON Souls SC	Address SANAS COL
	EAGLE, I DAGE
	83616
5. Mailing address for future correspondence (annua	al report notices):
505 93AAKSWE, E	ACLE, IDAHA
	8361Cm 3
Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
poroon.	Secretary of State use only
Signature	
Typed Name. STEDHEN COURT	
	IDAHO SECRETARY OF STATE
Signature	02/15/2011 05:08 CK: 607429 CT: 172099 BH: 1260128
Typed Name:	1 & 188.80 = 100.08 ORGAN LLC # 2

cert\_org\_lic Rev. 07/2010

Typed Name: \_\_\_\_\_