

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 12 APR 25 AM 8: 42

(Instructions on back of application)

	baok of application)	SECRETARY OF ST
. The name of the limited liabilit	y company is:	STATE OF IDAH
Bi	ll Barnholt, Jr. Enterprises, LLC	
The complete street and mailin	g addresses of the initial designa	ted office:
900 E. Meadowhurst Drive, St. Mari	•	
(Street Address)		, · · · · · · · · · · · · · · · · · · · · ·
(Mailing Address, if different than street add	ress)	
The name and complete street	address of the registered agent:	
William L. Bamholt, Jr.	900 E. Meadowhurst Drive, St. I	Maries, ID 83861
(Name)	(Street Address)	
The name and address of at le company:	ast one member or manager of th	ne limited liability
<u>Name</u>	Addres	<u>s</u>
William L. Barnholt, Jr.	900 E. Meadowhurst Drive, St.	Maries, ID 83861
Mailing address for future corre	espondence (annual report notice	s):
900 E. Meadowhurst Drive, St. Mari	ies, ID 83861	
Future effective date of filing (c	optional):	
gnature of a manager, memberson.	er or authorized	
gnature <u>William 2. Bam</u>	Secr	etary of State use only
ped Name: William L. Bamholt, Jr.		_
gnature	04 CX:	IDAHO SECRETARY OF STATE 1/25/2012 05:00 1056 CT: 269691 BH: 132131

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