



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

(Instructions on back of application)

10 JAN 26 PM 2:21

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Shamrock Endeavors, LLC

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

98 S. Parkinson Way, Eagle, ID 83616

(Street Address)

PO Box 1774, Eagle, ID 83616

(Mailing Address, if different than street address)

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

Scott Drain

(Name)

98 S. Parkinson Way, Eagle, ID 83616

(Street Address)

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

**Name**

**Address**

Scott Drain

98 S. Parkinson Way, Eagle, ID 83616

Sheri Drain

98 S. Parkinson Way, Eagle, ID 83616

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

PO Box 1774, Eagle, ID 83616

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s) (An organizer is a member, or is acting in behalf of a member or members)

Signature \_\_\_\_\_

Typed Name: Scott Drain

Signature \_\_\_\_\_

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

Secretary of State use only

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Revised 07/2008

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01/26/2010 05:00  
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