

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 23 AM ID: L2

and the same of th	
The name of the limited liability of	company is: SECRETARY OF STATE OF IDALIANE
Bates LLC	
The complete street and mailing a 659 Oakley Ave. Burley, Idaho 83318	addresses of the initial designated office:
(Street Address)	
Same (Mailing Address, if different than street address)	3)
The name and complete street ad	
Jack Bates	659 Oakley Ave. Burley, Idaho 83318
(Name)	(Street Address)
The name and address of at least company:	t one member or manager of the limited liability
Jack Bates	659 Oakley Ave. Burley, Idaho 83318
Lindsey Bates	659 Oakley Ave. Burley, Idaho 83318
Endosy Suids	- Control Cont
Mailing address for future corresp	pondence (annual report notices):
659 Oakley Ave. Burley, Idaho 83318	,
Future effective date of filing (option	ional):
gnature of a manager, member or rson.	or authorized
	Secretary of State use only
gnature (MMdSett base)	IDANO SECRETARY OF STATE
ped Name: Lindsey Bales	02/23/2015 05:00 CK:228 CT:306734 BH:1462
	16 100.00 = 100.00 DRGAN I
gnature	
ped Name: Jack Bates	

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