

CERTIFICATE OF ORGANIZATIONLED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 23 AM 8: 51

30	(Instructions on bac	ck of application)
The na	me of the limited liability co	ompany is: SECRETORY OF STATE STATE OF IDAHO
	Satte	rtield Capital Advisors, ELO
 !. The co	mplete street and mailing a	addresses of the initial designated/principal office:
(Street A		
(Mailing	Address, if different than street address	
3. The na	me and complete street ac	ddress of the registered agent:
Rvan 9	S. Satterfield	1133 Call Creek Pl., Suite A, Pocatello ID 83201
(Name)		(Street Address)
		t one member or manager of the limited liability
compa	iny: <u>Name</u>	Address.
Rvan	S. Satterfield	1133 Call Creek Pl., Suite A, Pocatello ID 83201
5. Mailin	ng address for future corres Call Creek Pl., Suite A, Pocatel	spondence (annual report notices): Io ID 83201
6. Futur	e effective date of filing (or	otional):
	e of a manager, membe	
person.		Secretary of State use only
Signature Typed Na	Councilla Councilla	us of
, Aber 14	·	

cert_org_lic Rev. 07/2010

Signature_____ Typed Name: _____

IDAHO SECRETARY OF STATE 12/23/2010 05:00 CK: 625 CT: 217850 BH: 1252224 1 8 100.00 = 100.00 ORGAN LLC # 2

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