

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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SEGRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

(Street Address)  The name and address of at least one member or company:    Name   Debra McKee	initial designated/principal office:  1 83202  stered agent:  6 Joel St. Chubbuck Id 83202	
(Street Address)  (Mailing Address, if different than street address)  The name and complete street address of the reg  Debra McKee 15  (Name) (Street Address)  The name and address of at least one member or company:  Name  Debra McKee 15  Anna McKee 15  Anna McKee 15  Abbey McKee 15  Abbey McKee 15  The region of the regi	stered agent:  8 Joel St. Chubbuck Id 83202  manager of the limited liability  Address	
Debra McKee 15  (Name) (Street Address)  The name and address of at least one member or company:  Name Debra McKee 15  Anna McKee 15  Anna McKee 15  Abbey McKee 15  Abbey McKee 15  Tender address for future correspondence (annual 14353 W Chubbuck Rd Pocal 14353 W Chubbuck Rd Po	6 Joel St. Chubbuck Id 83202 manager of the limited liability  Address	· ·
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