

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB 13 AM 10: 09

1. The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	Same Thor, LLC	STATE UF TUATED
2. The complete street and mailing add		esignated/principal office:
	89 Greenacres PL	
(Street Address)	Boise, ID 83709	
(Mailing Address, if different than street address)		
The name and complete street address of the registered agent:		
Jacob Simpson	5189 Greenacres PL	
(Name)	(Street Address) Boisc, ID, 83709	
The name and address of at least on company:	•	,
Name	Address	
Jacob Simpson	5189 Greenacres PL	
Boise, IO, 83709		0, 83709
		·
		•
5. Mailing address for future correspond	dence (annual report	notices):
•	acres PL, Boise, ID 8370	' I
- Contract C	·	
6. Future effective date of filing (optional	nl):	
	•	
Signature of organizer(s). (An organizer is a	member, or is	· .
acting in behalf of a member or members).		Speeding of State are and
Signature //	8	Secretary of State use only
Signature Jacob Simpson		
Typed Name: Jacob Simpson	Technic Control of the Control of th	
Signature	C form	
SignatureTyped Name:	corpitornal LC formalcari, org. Its PMB Reviewd 07/2008	IDAHO_SECRETARY_OF_STATE
Typed Haille.	Re	02/13/2009 05:00 CX: 281327 CT: 172099 BH: 1156993

Populacy