Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR -9 PM 3: 42

SECRETARY OF STATE STATE OF INAHO

The name of	the limited liability comp	pany is:	STATE OF TUAHL
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mo	onkey bizness llc	
The complete	street and mailing addr	resses of the initial desig	nated/principal office:
	9835 w ha	ckamore boise id 83709	
(Street Address)			
(Mailing Address,	if different than street address)	<u>,</u>	
. The name an	d complete street addre	ss of the registered ager	nt:
ief	ffery peters	9835 w hackamo	re boise id 83709
(Name)		(Street Address)	
The name an company:	d address of at least one	·	f the limited liability
jeffery peters		9835 w hackamore boise id 83709	
	elanie peters	9835 w hackamore boise id 83709	
			WE.494.44
. Mailing addre	ss for future correspond	ence (annual report noti	ces):
_	9835 w ha	ckamore boise id 83709	
			:
i. Future effectiv	ve date of filing (optional	l):	<u> </u>
-	nizer(s). (An organizer is a m nember or members).	nember, or is	
oning in Declar Of a li	member of members).	9	ecretary of State use only
ignature	while	Hc.PM	
yped Nam <i>e//_</i> _	Jeffery W Peters		Though occupants and annual
•		C. formskart, org. Ikc.PMD	IDAHO SECRETARY OF STATE 94/09/2009 95 E CK: 18235 CT: 235961 BH: 116
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