

Signature_ Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT -7 AM 10: 24

SECRETARY OF STATE

1.	The name of the limited liability company is:		STATE OF IDAHO
	Madsen Origina	als, LLC	
2.	The complete street address, and mailing add principal office:	ress if different, of th	e initial designated/
	3613 Blossom Way, Ca	dwell ID, 83605	
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:		
	Priscilla A. Madsen, 3613 Blossor	ı Way, Caldwell ID, 8360	05
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	<u>Address</u>	
	Priscilla A. Madsen 36	3613 Blossom Way, Caldwell ID, 83605	
	Karl P. Madsen 36	3613 Blossom Way, Caldwell ID, 83605	
		·	
	·		
5.	Mailing address for future correspondence (an	nual report notices):	
_	c/o: 3613 Biossom Way, Caldwell ID, 83605		
6.	Future effective date of filing (optional):		
	nature of an organizer(s). (An organizer is a member acting in behalf of a required, and existing, initial members.		
or m	nembers).	Secretary	of State use only
Siaı	nature	mattc formstoart org Jc. PMD sed 07/2008 CK: 501 1 6 16	
-	ed Name: Karmelia Fredrick, Assistant Secretary	stoart	SANO PROPERTY SE ASSES
	:	10.	DRHU SECKETARY OF STATE /07/2008
Sign	nature	TO CK: 201	1965 CT: 167623 BH: 1139164 18.80 = 188.80 ORGAN LLC # :