

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

T. H.	(instructions on back of application) 10 max 11 Am 9: 23
1.	The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO
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۷.	The complete street and mailing addresses of the initial designated/principal office:
	(Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
-	KEUIN SCHOFIGO INE. CORNOCLAL MERIDIAN, ±0 93646 (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:
	KELIN SCHOFIELD IDIE. CORNECLIA. MGYDIAN, TO 8344
5.	Mailing address for future correspondence (annual report notices): 101 E. COUNEU DR. MAUDIAN, ID BINES
6	
Q,	Future effective date of filing (optional):
_	nature of organizer(s). (An organizer is a member, or is g in behalf of a member or members).
	Secretary of State use only
	nature HUMPS (1800)
Гур	ed Name: KEVIN H. SCHOHECD
Sim	pature
, —	ed Name: IMHO SECRETARY OF STATE
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