

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1.	The name of the limited liability compa	iny is:	SECRETARY OF STATE STATE OF IDAHO	
	Vincent Mulle	r Sales Con		
2. The complete street and mailing addresses of the initial design			e initial designated/principal office:	
	12300 West Bridger			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Vincent Muller	12300 \	Vest Bridger Bay Drive, Star, ID 83669	
		Street Address)	
	Company: Name Vincent Muller 1		Address 300 West Bridger Bay Drive, Star, ID 83669	
	Name			
	VINCENT Muller	12300	West Dridger Day Drive, Clair, 10 00000	
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5.	Mailing address for future correspondence (annual report notices):			
	Vincent Muller, 12300 West	t Bridger Ba	y Drive, Star, Idaho, 83669	
6.	Future effective date of filing (optional)	· ·	4/1/2009	
Sig	nature of organizer(s)/(An organizer is a me	ember, or is		
_	ng in behalf of a member of members)		Secretary of State use only	
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ГУĽ	ped Name: Vincent Muller		- stool	
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_	nature		02/09/2009 05:00 CK: 2122 CT: 233917 N: 1156022	
lyp	ped Name:		1 2 180.00 = 100.00 ORGAN LLC #	