

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 10 MAR -4 PM 2: 16

建二烷 人	7		4 212 541	1-
	(Instructions on back of	of application)	SECRETARY OF STA	TE
1. The	e name of the limited liability com	pany is:	STATE OF IDAHO	1 to
: 114		Commissary RE, LLC	Ass.	
 2. The	e complete street and mailing add		iesignated/principal offic	
1116	P.O. Box 160 Kuna, ID 83634			
(St	reet Address)			,
(Mi	ailing Address, if different than street address)			
3. The	e name and complete street addre	ess of the registered	agent:	
	John McNicholl	988 W Kin	g Rd Kuna, ID 83634	
(N	ame)	(Street Address)		
	e name and address of at least or mpany:	ne member or manag	***	
	Name	000 187 1/1-	Address ng Rd Kuna, ID 83634	į
-	Leah McNicholl	900 VV IVII	ig nu nuila, in 63634	
		F. 18 9	y ve	
	4.	• ,	\$	
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5. Ma	niling address for future correspon	dence (annual repor	t notices):	
8 E.4	ture effective date of filing (options	al):		ji
U. FUI	into elective date of mind folder	···/·		
Sionati	ure of organizer(s). (An organizer is a	member, or is		
	behalf of a member or members).		Secretary of State use only	
••	al amy IM	O. S.	Gernaturià di Griete nee Aluà	
Signati E es : ::	ure 9th CM/ whole Name: John McNichell	r_org_le.PMG	. 101110	.:
ıyped	Name: John McNicholl		W 71217	
Signate	Iro	Monnak LLC formsto Revised 07/2008	IDAHO SECRETARY (03/04/2010	F STATE
_	ureName:	- Some	CK: 128223 CT: 1177 1 8 188.88 = 188.88	DH: 1210 ORGAN LLI
IVDEC	1101110	R.C		•