

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2014 OCT -2 AM 9: 15

(Instructions on back of application)

The name of the limited liabi	· •		
The complete street and mail		e initial designated office:	
(Street Address)	·		
(Mailing Address, if different than street a	ddress)		
The name and complete stree	et address of the re	gistered agent:	
KAROL J. GALE	17354 N CH	17354 N CHOUTEAU AVENUE, NAMPA, ID 83687 (Street Address)	
(Name)	(Street Address		
company:  Name	least one member o	r manager of the limited liability  Address	
KAROL J. GALE	17354 N CHO	DUTEAU AVENUE, NAMPA, ID 83687	
. Mailing address for future com	<del>-</del>	al report notices):	
17354 N CHOUTEAU AVENUE, N	NAMPA, ID 83687	ζ.	
. Future effective date of filing (	optional):		
3 (			
gnature of a manager, memb	er or authorized		
erson.	<i>a</i> [	Secretary of State use only	
		•	
gnature Mala	le	IDANO SECRETARY OF STA	
ped Name: KAROL / GALE		10/02/2014 05:0	
ped Name. KAROL GALE		IDAHO SECRETARY OF STATE	
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