

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 typed, \$120 not typed
Complete and submit the application in duplicate.

2016 MAR -2 AM 1 40

SECRETARY OF STATE
STATE OF IDAHO

SANTO SALVATORIA DE LA CARE	arenda (il del recolar gibro directiva del Coma del Circi menso i del directivo del respector del colo i colo d La comaca del como del como del coma del Coma del Circi menso i del circo del respector del colo del como del c
	ing addresses of the principal office is:
476 Davidson Dr, Idaho Fa	alls, ID 83401
Street Address ¹	
(Mailing Address if different)	
The name and complete stre	et address of the registered agent:
Camille Pardo	476 Davidson Dr. Idaho Falls, ID 83401
(Name)	(Address)
The name and address of at	least one governor of the limited liability company:
Camille Pardo	476 Davidson Dr. Idaho Falls, ID 83401
Name)	(Address)
(Name)	(Address)
	(Address)
(Name)	
Name)	
	(Address)
	(Address)
Name)	rrespondence (annual report notices):
Name) Mailing address for future cor	rrespondence (annual report notices):
^(Name) Mailing address for future cor 476 Davidson Dr. Idaho Fa	rrespondence (annual report notices):
Name) Mailing address for future cor	rrespondence (annual report notices):
Name) Mailing address for future cor 476 Davidson Dr. Idaho Fa	rrespondence (annual report notices):
Name) Mailing address for future cor 476 Davidson Dr. Idaho Fa (Address) ture of organizer(s).	rrespondence (annual report notices): alls, ID 83401
Name) Mailing address for future cor 476 Davidson Dr. Idaho Fa	rrespondence (annual report notices):

Signature: <u>AMULL FARAC</u>

Printed Name: Juan Pardo

Signature:

Rev. 01/2018

1DAHO SECRETARY OF STATE 03/02/2018 05:00

CK:208 CT:353804 BH:1630030 10 100.00 = 100.00 ORGAN LLC #2

N197873