FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 FEB -4 AM 8: 15

(Instructions on back of application)

OF STATE	(Instructions on bac	k of application	n)	SECRE	TADV OF	
1. The r	name of the limited liability co	ompany is:		S STAT	TARY OF E OF IDA	STATE
		Debonair Datu	ım LLC.			
2. The	complete street and mailing a	ddresses of th	e initial desig	nated/principa	l office:	-
	20 N	1 3500 E Rigby II), 83442			
(Stree	t Address)				· · · · · · · · · · · · · · · · · · ·	-
(Maili	ng Address, if different than street address)	<u> </u>				
3. The r	name and complete street add	iress of the re	gistered age	nt:		
	Dustin McKay		20 N 3500 E R	ligby ID, 83442		
(Nam	e)	(Street Address))			-
4. The r	name and address of at least	one member o	or manager o	f the limited lia	bility	
comp	any:				e e e e e e e e e e e e e e e e e e e	
	Name		· · · · · · · · · · · · · · · · · · ·	rese		
<u> </u>	Dustin McKay		20 N 3500 E R	igby ID, 83442		.
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5. Mailir	ng address for future correspo	ndence (annu	al report noti	ces):		
	•	3500 E Rigby	•	, , , , , , , , , , , , , , , , , , ,		
6 Futur	e effective date of filing (optio	nal):				
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71					. ;	
_	of organizer(s). (An organizer is half of a member or members).	a member, or is				
acang in be				Secretary of State use	only	J#
Signature			Hc.PM		1	
Typed Name: Dustin McKay			gl S	-		
) F 100			78 KG817		٠.,	4
Signature	•		oms/LC forms/cert_org_lec.PMD evised: 07/2008		NETADY RE (rtats
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