

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 SEP -7 AM 8: 34

CE T	(Instructions on back of application)
1.	The name of the limited liability company is: SECT BY OF STATE STATE STATE STATE STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office:
	510 S. Cool Creek Circle, nampa, «10 83681
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Travis L. Higgins 510 S. Cool Creek Circle; Dampa, 4th (Street Address) 83686
4.	The name and address of at least one member or manager of the limited liability company:
	Travis L. Higgins 510 S. Cool Creek Circle; nampa, exc
5.	Mailing address for future correspondence (annual report notices): 510 S. Cool Creek Circle; Nampa, and 83686
6.	Future effective date of filing (optional):
_	nature of a manager, member or authorized
	Secretary of State use only
_	ped Name: Travis 1. Higgins w 106469
Sin	nature IDANO SECRETARY OF STATE
	Ded Name:

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