

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 APR -8 PM 3: 10

()	(Instructions on back of applicat	ion) STATE OF IDAHO	
1.	1. The name of the limited liability company is:		
2.	The complete street and mailing addresses of the initial designated office:		
	334 N. 151 QVE STE 107 3 m/ pont IN 83864		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Gary Solis 1307 1 (Name) (Street Address	arch st Suporit ID 83864	
	The name and address of at least one member or manager of the limited liability company:		
	6 ary 5013 1307 1	and st Salarat ID 8245	
5.	Mailing address for future correspondence (annual report notices):		
	334 N IST are SIC 107 Sondpoint ID 83864		
Future effective date of filing (optional):			
Signature of a manager, member or authorized person.			
•	(Secretary of State use only	
	ature		
туре	ed Name: 16 6 ary 50 115	IDAHO SECRETARY OF STATE	
04/06/2015 05:00 Signature			
Typed Name: 10 100.00 = 100.00 ORGAN LLC #			
		16 20.00 = 20.00 EXPEDITE C #3	

9/21/2012

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