



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB -5 AM 8:27

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Second Giance, LLC

2. The complete street and mailing addresses of the initial designated office:

45 North Bridge, St. Anthony, Idaho 83445

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Chris S Hayes

(Name)

890 Oxford Drive, Idaho Falls, Idaho 83401

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

<u>Name</u>	<u>Address</u>
<u>Anndee Quayle</u>	<u>589 Pebble Lane, St. Anthony, Idaho 83405</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

c/o Hayes Management Services, 890 Oxford Drive, Idaho 83401

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Anndee Quayle  
Typed Name: Anndee Quayle

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only  
IDAHO SECRETARY OF STATE  
02/05/2015 05:00  
CK:2730 CT:210161 BH:1460390  
1@ 100.00 = 100.00 ORGAN LLC #2

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