

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

	(Instructions on ba	ck of application)	LUIU AUG 25 PM 0	
1. The na	ame of the limited liability c	ompany is:	SECULIARY OF STATE STATE OF TOAHO	
	rands LLC	•	TO TO THE TOTAL OF	
2. The co	omplete street and mailing a	addresses of the initial d	esignated/principal office:	
<u>7</u> 778	Sagebrush Way Boise ID 837 Address)	09	To grand on the control of the contr	
(Malling	Address, if different than street address)			
3. The na	ime and complete street ad	dress of the registered a	agent:	
Brock (Name)	James Harris	7778 Sagebrush Way Boise ID 83709 (Street Address)		
4. The na	me and address of at least	one member or manage	er of the limited liability	
	<u>Name</u>		Address	
Samu	el Jay Harkins	512 East Penn St Long Beach NY 11516		
Brock	James Harris	7778 Sagebrush Way Boise ID 83709		
-				
•				
5. Mailing	address for future correspo	ndence (annual report r	ectices):	
	Sagebrush Way Boise ID 8370			
6. Future e	effective date of filing (option	nal):		
Signature of	organizer(s). (An organizer is a	a member or is		
=	If of a member or members).			
Signature	20Stale	E. PMO	Secretary of State use only	
yped Name	e: Edward Stahlin	Tool	w 95870	
*! 4		72008	TROUG SECRETARY OF STATE	

Signature___ Typed Name: ____

IDAHO SECRETARY UF STATE

08/25/2010 05:00

CK: 501094 CT: 172099 BH: 1236268
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