2009 DEC -7 AM 10: 30



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SECRETARY OF STATE (Instructions on back of application)

(1114114011011011011011011011011011011011	2 INTE OF INDHO
. The name of the limited liability o	company is:
Id	aho White Glove, LLC
•	addresses of the initial designated/principal office:
(Street Address)	st South #11 Rexburg Idaho 83440
(Mailing Address, if different than street address	5)
The name and complete street as	
The Harrie and somblete enter at	
Heather Jex (Name)	20 West 1st South #11 Rexburg, Idaho 63440
(Manney	(2dea variess)
. The name and address of at leas company:	t one member or manager of the limited liability
Name	Address
Niei Campbell	20 West 1st South #11 Rexburg, Idaho 83440
Mailing address for future corresp	South #11 Rexburg, Idaho 83440
Future effective date of filing (opti	ional):
gnature of organizer(s). (An organizer in ing in behalf of a member or members).	is a member, or is
	Segretary of State use only
gnature College Colleg	
ped Name: Heather Jex	
gnature All GA	IDAHO SECRETARY OF STATE
ped Name: Niel Campbell	12/07/2009 05:0
	CK: 355645 CT: 1/2899 BN: 119

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