## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY2 555 13 AM 10: 01

T E O	(Instructions on back of applic		· · · · · · · · · · · · · · · · · · ·
1. The name	of the limited liabil	ity company is:	SECTEDARY OF STATE
		H & B SMITH, LL	C
•		ing addresses of the	initial designated office:
(Street Addre	ess)		
(Mailing Add	ress, if different than street ac	ddress)	
3. The name	and complete stree	et address of the reg	jistered agent:
JEANNE S	вмітн	220 E 100 SO	PO BOX 55 FRANKLIN ID 83237
(Name)		(Street Address)	
4. The name company:		least one member o	r manager of the limited liability
	Name		Address
HAL SMIT	<u>H</u>	220 E 100 SO	PO BOX 55 FRANKLIN, ID 83237
5 Mailing ac	dress for future cor	respondence (annua	al report notices):
_		55 FRANKLIN ID 83237	,
<u>,</u>			
6. Future eff	ective date of filing	(optional):	
	a manager, memt	per or authorized	
person.	/ . X	_	Secretary of State use only
Signature	to Dmit		
Typed Name:	HAL SMITH		and the second s
Signature		IDANO SECRETARY OF STATE	
Typed Name:		02/13/2012 05:0 CK: 1565 CT: 266947 BH: 13104	

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