

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

12 FEB 16 AM 8: 30

1. The name of the limited liability o	ompany is:  SECRETARY OF STATE  STATE OF IDAHO  addresses of the initial designated/principal office:
Clearuse Outdoo	er Hund LL CHATE OF IDAHO
	The same of the witten appropriate as printed by the part of the oc.
143 Clearvoe D& /	Meridian, Fd. 83646
Same (Mailing Address, if different than street address)	
3. The name and complete street ad	
C. R. Streng	143 Clearvue Dr. (Street Address)
The name and address of at least company:	one member or manager of the limited liability
Name	Address
C. R. Slyeng	143 Clearvoe Dr Meridian, Id 83646
Barbara J. Streng	
5 Mailing address for future	
5. Mailing address for future correspo	
143 Clearvue Dr Me	eridian, 11 83646
6. Future effective date of filing (optio	nai):
Signature of a manager, member o	r authorized
person.	Secretary of State use only
Signature <u>C. R. Strena</u> Typed Name: <u>C. R. Stren</u>	
Typed Name: CR. Stren	<del>g</del>
Signature	
Гуреd Name:	IDAHO SECRETARY OF STATE
· 	02/16/2012 05:00

cert\_org\_lic Rev. 07/2010

IDAHO SECRETARY OF STATE

02/16/2012 05:00

CK: 5097 CT: 111096 BH: 1310997
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