

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAR -4 AM 8: 46

	(Instructions on bac	k of application)	SECRETARY OF STATE
1.	The name of the limited liability co	mpany is:	STATE OF IDAHO
		e & Munn Investigation	LLC
2.	,		
	4128 Meadow Ridge Circle, Twin Falls, (Street Address)	ID 83301	
	Same (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Leland R. DeVore	4128 Meadow Ridge Circle, Twin Falls ID 83301	
	(Name)	(Street Address)	
4.	The name and address of at least company:	one member or mai	nager of the limited liability
	<u>Name</u>		Address
	Leland R. DeVore	4128 Meadow Ridge Circle, Twin Falls, ID 83301	
	James R. Munn	2368 Eastbrook, Twin Falls, ID 83301	
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		· <u></u>	
5 .	Mailing address for future correspondence (annual report notices):		
	4128 Meadow Ridge Circle, Twin Falls, I	•	
6.	Future effective date of filing (optio	nal):	<u> </u>
_	nature of a manager, member o	r authorized	
per	son.		Secretary of State use only
Sig	nature_	ah	
Тур	ed Name: Leland R. DeVore		
	() 1/1.1A		IDAHO SECRETARY OF STATE 03/04/2011 05:00
Sig	nature /////////		CK: 2005 CT: 196792 BH: 1262720 1 0 100.00 = 100.00 ORGAN LLC #
Тур	ed Name: James R. Munn		
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