

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 MAY -5 PM 3: 33

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability company	STATE OF IDAHU
·	nagement LLC
The complete street and mailing addresse	es of the initial designated/principal office:
317 E Kite Drive	
(Street Address) 317 E Kite Drive	Eagle, Idaho 83616
(Mailing Address, if different than street address)	
The name and complete street address o	f the registered agent:
Епіка Ѕахеу	317 E Kite Drive Eagle, Idaho 83616
(Name) (Stre	et Address)
The name and address of at least one me company:	
Name	Address
Errika Saxey	317 E Kite Drive Eagle, Idaho 83616
David Saxey	317 E Kite Drive Eagle, Idaho 83616
Mailing address for future correspondence	a demonstration of the second matter of the second
	e (annual report notices): Eagle, Idaho 83616
317 E Nite Drive	cagle, reality 050 to
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. Future effective date of filing (optional): _	
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gnature of organizer(s). (An organizer is a meml ting in behalf of a member or members).	
S h	Secretary of State use only
gnature <u>CMMW SMilly</u>	da
yped Name: Errika Saxey()	Bo
$\sim \Lambda()$	Columbia
ignature Don't Jafa	CK: 4865 CT: 157568 BH: 1228
vped Name: David Saxey	2 2 TRAIGH TARRAGE RUMAN CON