FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2015 JUN 1 1 PH 1: 05

	(Instructions	on back of application)	SECHETARY OF STATE	
1.	The name of the limited liability company is:		STATE OF IDAHO	
		AMS Elite Properties LI	.c	
2.	The complete street and mailing addresses of the initial designated/principal office:			
3.	3239 East County Line Road, Idaho Falls, ID 83401 (Street Address)			
	(Mailing Address, if different than street address) The name and complete street address of the registered agent:			
٥.	The name and complete sheet address of the registered agent.			
	Adam Sullivan	3239 East County Line Road, Idaho Falis, ID 83401		
	(Name)	(Street Address)		
4.	The name and address of at company:	least one member or m	anager of the limited liability	
	Name	<u>Address</u>		
	Adam Sullivan	3239 East Count	3239 East County Line Road, Idaho Falls, ID 83401	
		······································		
5	Mailing address for future co	rrechandence (annual re	anart notices).	
J.	3239 East County Line Road, I	•	sport notices).	
	or o	00110 1 01131 1 0 0 10 2		
6.	Future effective date of filing	(optional):		
D 1-		المساه والأرب والمراجع		
-	inature of a manager, mem son.	iber or authorized		
	\circ O		Secretary of State use only	
_	nature (1) be			
ı yı	ped Name: Amanda J. Beren, C	rganizer	ቸ እንዲኒያሪ - መምረስ ውስጥ የ ከነር - ይገም - መስ	
Sig	nature		IDAMO SECRETARY OF ST 06/11/2015 05:	
	ped Name:	I	CK:2924224 CT:172099 BH	
			16 100.00 = 100.00 ORGA 16 20.00 = 20.00 EXPED	

