

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

(Instructions on back of application)

2013 MAY - 3 AM II: 39

1. The			
	e name of the limited liability cor	mpany is:	SECRETARY OF STATE
Sp	ootless Detail / LC		STATE OF IDAHO
2. The	e complete street and mailing ad	dresses of the init	tial designated office:
	1740 Peregrine Dr Mountain Home, ld 83647		
	reet Address)	· · · · · · · · · · · · · · · · ·	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
(M:	ailing Address, if different than street address)		
3. The	The name and complete street address of the registered agent:		
	·	•	· ·
	akisha G. Perry		Mountain Home, ID 83647
(Na	ame)	(Street Address)	
4. The	e name and address of at least o	ne member er me	anager of the limited liability
	npany:	THE MEMBER OF THE	anager of the infliced liability
	<u>Name</u>		<u>Address</u>
Le	Keif Jackson	1600 Quigley Ct M	ountain Home, ID 83647
Na	akisha G. Perry	1740 Peregrine Dr	Mountain Home, ID 82647
		<u></u>	
-		<del></del>	
 5. Ma	iling address for future correspor	ndence (annual re	eport notices):
	iling address for future correspor 40 Peregrine Dr Mountain Home, ID 83	-	eport notices):
<u>17</u>	40 Peregrine Dr Mountain Home, ID 83	3647	
<u>17</u>	- ·	3647	
<u>17</u> 6. Fut	40 Peregrine Dr Mountain Home, ID 83	nal):	
<u>17</u> 6. Fut Signati	40 Peregrine Dr Mountain Home, ID 83 ture effective date of filing (option ture of a manager, member or	nal):	
<u>17</u> 6. Fut	40 Peregrine Dr Mountain Home, ID 83 ture effective date of filing (option ture of a manager, member or	nal):	
<u>17</u> 6. Fut Signatu person.	40 Peregrine Dr Mountain Home, ID 83 ture effective date of filing (optionure of a manager, member or	authorized	
<u>17</u> 6. Fut Signatu person. Signatu	40 Peregrine Dr Mountain Home, ID 83 ture effective date of filing (option ture of a manager, member or	authorized	
<u>17</u> 6. Fut Signatu person. Signatu	40 Peregrine Dr Mountain Home, ID 83 ture effective date of filing (optionure of a manager, member or	authorized	
<u>17</u> 6. Fut Signatu person. Signatu	ture effective date of filing (optionure of a manager, member or Name: Nakisha G. Perry	authorized	Secretary of State use only

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