

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **LIMITED LIABILITY COMPANY**

11 10 14 M 9: 27

(Instructions on back of application)

	(matructions on	back of application)	
1.	The name of the limited liability	y company is: The Bus Stop, LLC	SECREMENT OF STATE STATE OF IDAHO
2.	The complete street and mailin 6648 Sundown Circle, Idaho Falls, I	•	tial designated/principal office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Connie Brown	6648 Sundown Circle, Idaho Falls, ID 83402	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address.	
	Connie Brown	6648 Sundown Circle, Idaho Falls, ID 83402	
5.	Mailing address for future corre 6648 Sundown Circle, Idaho Falls, I	•	eport notices):
6.	Future effective date of filing (o	pptional):	
_	nature of a manager, membe	er or authorized	
Sig	nature Lonnie Brow		Secretary of State use only
Typ	ped Name: Connie Brown		
Sia	nature		IDAHO SECRETARY OF STATE 11/14/2011 G5:00
Typed Name:			CK: 1591 CT: 264081 BH: 1297778 1 0 100.00 = 100.00 ORGAN LLC N 2 1 0 20.00 = 20.00 EXPEDITE C N 3
			1 8 20.00 = 20.00 EXPEDITE C N 3

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