

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYAN 25 AM 8: 33

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability co	ompany is: STATE OF IDAHO	
c	HALLIS RENTALS LLC	
2. The complete street and mailing a	ddresses of the initial designated/principal office:	
23222 HYWA	AY 75 SOUTH CHALLIS, ID 83226	
(Street Address) H.C. 67 BQ	X 2085 CHALLIS, IDAMO 83226	
(Mailing Address, If different than street address)		
3. The name and complete street add	dress of the registered agent:	
DOYLE LEUZINGER	23222 HYWAY 75 S. CHALLIS, ID 83226	***
(Name)	(Street Address)	
The name and address of at least company:     Name	one member or manager of the limited liability	
DOYLE LEUZINGER	H.C.67 BOX 2085 CHALLIS ID. 83226	
JUDI LEUZINGER	H.C.67 BOX 2085 CHALLIS ID. 83226	
5. Mailing address for future correspondent	ondence (annual report notices): 2085 CHALLIS, IDAHO 83226	ď
6. Future effective date of filing (option	nal):	Ÿ
Signature of organizer(s). (An organizer is acting in behalf of a member or members).		
Signature Word Laurana	Secretary of State use only	
Typed Name: DOYLE EUZINGE	R §	
	IDAHO SECRETARY OF STATE    State	.aa
Signature	CK: 1 CT: 244189 BH: 126	4831
Typed Name: JUDI LEUZINGEI	1 2 198.80 = 100.28 DABAN	iel # 6

W90069