

## CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC -4 PM 2: 07

1. The name of the limited liability company	y is: SECRETARY OF STATE STATE OF IDAHO
T. Eight	Original LLC.
2. The complete street and mailing address	ses of the initial designated/principal office:
2681 W. Leonard St., Meridian, ID 83642	
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of	of the registered agent:
Tate L. Phillips	2681 W. Leonard St., Meridian, ID 83642
(Name) (Str	eet Address)
The name and address of at least one more company:	ember or manager of the limited liability
Name	Address
Tate L. Phillips	2681 W. Leonard St., Meridian, ID 83642
Kari D. Phillips	2681 W. Leonard St., Meridian, ID 83642
	and the second s
5. Mailing address for future correspondence	ce (annual report notices):
•	St., Meridian, ID 83642
6. Future effective date of filing (optional): _	
,	
Signature of organizer(s). (An organizer is a memi	ber, or is
acting in behalf of a member or members).	Secretary of State use only
Signature (11) Williams	Q
Typed Name: Tate L. Phillips	-   -   -   -   -   -   -   -   -
Las O Action	IDAHO SECRETARY OF STATE
Signature XWWYY	96 98
Typed Name: Kari D. Phillips	

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