

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

	(Instructions on back of	application)	2015 APR -3 AM 8: 45
1.	The name of the limited liability compa	any is:	SECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing addressive 579 W 24TH STREET, BURLEY ID 83318 (Street Address)	esses of the initial	designated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street addres	s of the registered	l agent:
	LANCE W PINCOCK	579 W 24TH STREET	, BURLEY ID 83318
	(Name)	(Street Address)	
	The name and address of at least one company:	member or mana	ger of the limited liability
	Name LANCE W PINCOCK	579 W 24TH STREE1	Address
5.	Mailing address for future corresponde C/O LANCE W PINCOCK 579 W 24TH ST		
6.	Future effective date of filing (optional):	
_	nature of a manager, member or a	uthorized	
pers	son.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Secretary of State use only
	nature YMUY IN COCK - SINGLE ME ed Name: LANCE PINCOCK - SINGLE ME		IDAMO SECRETARY OF STAT
тур	ed Name: Date Printed on Street Mi	1	04/03/2015 05:00 08:264 CT:308516 BH:146 100:00 = 100:00 ORGAN
_	nature		
Typ	ed Name:	<u></u>	W148820