

Signature:

Rev. 08/2015

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

**FILED EFFECTIVE** 

W157004

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2015 OCT -5 AM 9: 20

Complete and automit the employers in dualizate

STATE STATE

	Complete and submit the application in <u>duplicate</u> .		SECRETARIO STATE		
1.	The name of the limited liability company is:			21VIE	) 1.37 ti 1.0
	Julie A Schwerman LLC				
	(Remember to include the words "Limited Liability Company," "Limit	ed Company."	or the abbreviations L.L.C	LLC, or LC)	
2	The semplete effect and mailing addresses of the principle	ainal affi.	i		
2.	The complete street and mailing addresses of the pring 330 Pierce St Twin F			3301	
	320 Pierce St Twin F	9117	TD 0	7201	
	(Mailing Address, if different)				
3.	The name and complete street address of the registered agent:				
Ψ.				<del></del>	Canal
	Julie A Schwerman 320 Piero	ie 27	IWIN Falls	70	83301
	(Addition)				
4.	The name and address of at least one governor of the limited liability company:				
	Julie A Schwerman 320 Pier	+2 so	Twin F	alle T	0 83301
	(Name) (Address)				<u> </u>
	(Name) (Address)				<u> </u>
	(Name) (Address)				
	, , , , , , , , , , , , , , , , , , ,				
	(Name) (Address)				
	(Name) (Address)				
5.	Mailing address for future correspondence (annual report notices):				
	320 Gierce St Twin Falls	$\sigma r$	83301		
	(Address)		<u> </u>		
Sigr	nature of organizer(s).	Secretary of State use only			
Prin	nted Name: Julie A Schwerman		ood, otally or otallo at	,o omy	
			IDAHO SECI	₹ <b>ETX</b> RY OF S	(TATE
Sigr	nature: Julie A. Schwerm			2015 05	
D.::-		1	CK:1081 CT:9		
rin	ited Name:		100.00 = 10 10 20.00 = 2		
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