

Signature\_\_\_

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

1 AUG -5 AM 9: 2

T T	(Instructions on back of application)		
1.	The name of the limited liability company is:  SECRETARY OF STATE STATE OF IDAHO		
	PnP Dispatch, 11C		
2.	The complete street and mailing addresses of the initial designated/principal office:		
	19517 Hwy30		
	(Street Address) But 1 Fd 83316		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Cott 19517 Hay 30 Bull Id 83316 (Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Address		
	J. D. Perkine 19517 Hay 30 Bull Id 83316		
	Panela Hardwick 3865 Cassia Rd New Plymouth Tol 8	66	
	Amanda Perkine Po Box 1768, Carlin NV 8982		
	THE PERSON TO BE THE PERSON TO THE PERSON TH		
5.	Mailing address for future correspondence (annual report notices):		
	19517 Hwy 30, Bull 7d 83316		
6.	Future effective date of filing (optional):		
Signature of a manager, member or authorized			
_	person.		
•	Secretary of State use only		
_	nature Jamy (18th		
Тyр	ped Name: U Hnny Crott		

IDANO SECRETARY OF STATE

08/05/2011 05:00

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