

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

2013 APR -4 AM 9: 03

			•
1.	The name of the limited liability comp	any is:	SECREMAN OF STATE
	Relentless Cogging C	CLC	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated office:		
	(Street Address) PO. 165 St. fcs ID 83552 (Mailing Address, if different than street address)	23552	
3.	he name and complete street address of the registered agent:		
	(Name)	115 65+ 5+ (Street Address)	Stites ID DSSZ
The name and address of at least one member or manager of the limite company:			ger of the limited liability
	<u>Name</u>		Address
	Tim Dodley Rhea Lobours	115 East St	Hitis ID BIEES
	Rhea Johns	115 East St	- Stites ID BISST
		• 	
		·	
_	National delication of the Columbia		A 4! \.
5. Mailing address for future correspondence (annual report r			T notices):
	PO. Box 165 Stacs ID	क्षाइंट २	
6.	Future effective date of filing (optional) :	_
_	nature of a manager, member or a	uthorized	
pers	son.		Secretary of State use only
Siar	nature 11. The		•
_	ed Name: Tim Dodk		
Sigr	nature Rhea Adams ed Name: Rhea Adams		IDAHO SECRETARY OF STATE 94/04/2013 05:20 CK: 1114 CT: 281478 BH: 1367888 1 0 100.98 = 100.89 ORGAN LLC # 2 1 9 28.88 = 20.88 EXPEDITE C # 2

W123755