

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

(Instructions on back of application)

09 SEP 28 PM 1: 15

•	SECRETARY OF STATE
1. The name of the limited liability comp	pany is: STATE OF IDAHO
Versatility, LC	
	resses of the initial designated/principal office:
Gaa Schiller (Street Address)	
Meridian ID 8964	12
(Mailing Address, if different than street address)	as at the period around
<ol><li>The name and complete street addre</li></ol>	ess of the registered agent.
Jeff Minert	623 Schiller Meridian JD 83642 (Street Address)
(Name)	(Street Address)
4. The name and address of at least on	e member or manager of the limited liability
company:	
Name Rools Useles	623 Schiller Meidian DD 83642
Brett Hughes	
Nolan Hill	
Deff Minert	623 Scholler Meridian FD 83642
5. Mailing address for future correspond	
623 Schiller Meri	dian ID 93642
6. Future effective date of filing (options	al)·
o. Totalo chocaro date c. ming (options	
Signature of organizer(s). (An organizer is a r	member, or is
acting in behalf of a member or members).	Secretary of State use only
Signature / - /-	
Typed Name: Jeff Minest	
IDAHO SECR	ETARY OF STATE BY OF STATE
Signature CK: 1439 CH: C	1809 U3 18804 CK: 5177 CT: 248936 BH: 118884: 18884: 18884: 188888: 188888: 18888: 18888: 18888: 18888: 188888: 18888: 18888: 18888: 18888: 18
Typed Name: Brett #159/885	De on numer - Se

