

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

(Instructions on back of application)

11 DEC 27 AM 9: 10

SECRETARY

he name of the limited liability company is:		STATE OF ID.	
	OnlyTrust LLC		
The complete street and mail	ing addresses of the initial	designated office:	
3994 E Vantage Pointe Lane, Mei	ridian, ID 83642		
(Street Address)			
(Mailing Address, if different than street a	ddress)		
The name and complete stree	et address of the registered	l agent:	
Robert Carrico		3994 E Vantage Pointe Lane, Meridian, ID 83642	
(Name)	(Street Address)	(Street Address)	
The name and address of at company:  Name		Address	
Robert Carrico	3994 E Vantage Point	te Lane, Meridian, ID 83642	
	· · · · · · · · · · · · · · · · · · ·		
_ :			
	<u> </u>	······································	
Mailing address for future co-	roepondence (oppus) ropo	rt notices):	
Mailing address for future cor	- ·	n nouces).	
3994 E Vantage Pointe Lane, Me	ridian, ID 83642		
Future effective date of filing	(optional):		
		•	
nature of a manager, mem	ber or authorized		
son.	ed of authorized		
, [		Secretary of State use only	
nature	9		
ped Name: Attorney			
	1		
		THOUGH SECRETORY OF ST	
nature		IDAHO SECRETARY OF S 12/27/2011 @ CK: 119 CT: 259534 BH:	

W109469