

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) (Instructions on back of application)

(Instructions on back of application)

1. The name of the limited liab	SEOR BY OF STATE STATE OF IDAHO
2. The complete street and mai	iling addresses of the initial designated/principal office:
(Street Address) Same	
(Mailing Address, if different than street a	•
3. The name and complete stre	eet address of the registered agent:
Guy Hendricksen	1772 S Lakemoor Way, Eagle Idaho, 83616
(Name)	(Street Address)
The name and address of at company:	least one member or manager of the limited liability
<u>Name</u>	Address .
Guy Hendricksen	1772 S Lakemoor Way, Eagle Idaho, 83616
<ol> <li>Mailing address for future corn</li> <li>1772 S Lakemoor Way, Eagle Idal</li> </ol>	respondence (annual report notices):
6. Future effective date of filing (	
Signature of a manager, memb	per or authorized
Signature A	Secretary of State use only
yped Name: Guy Hendricksen	
Signature	IDAHO SECRETARY OF STATE 12/09/2010 05:00
yped Name:	

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