

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

	(Instructions on back of application)	
1.	The name of the limited liability	company is: SECH. BY OF STATE STAND OF IDAHO
	•	FOUNDERS, LLE
2.	The complete street and mailing addresses of the initial designated/principal office: 692 Paradise PI Apt. 201 Twin Falls, ID 83301 (Street Address)	
	(Mailing Address, if different than street addre	ess)
3.	The name and complete street address of the registered agent:	
	Nathanael Davis	692 Paradise Pl. Apt. 201 Twin Falls, ID 83301
	(Name)	(Street Address)
	Name James Boer Caitlin Roor	466 South 200 West Jerome, ID 83338
	Caitlin Boer	466 South 200 West Jerome, ID 83338
	Nathanael Davis	692 Paradise Place, Apt. 201 Twin Falls, ID 83301
	Rachel Davis	692 Paradise Place, Apt. 201 Twin Falls, ID 83301
5.	•	spondence (annual report notices):
5.	Mailing address for future corres 692 Paradise Place, Apt. 201 Twin F	
	692 Paradise Place, Apt. 201 Twin F	
6. Sig	692 Paradise Place, Apt. 201 Twin F	ptional):

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Signature / Manaell Typed Name: Nathanael Davis

Signature Typed Name:

James Boer

IDANO SECRETARY OF STATE 06/02/2011 05:00 CK: 1283 CT: 259427 BH: 1276491 1 8 188.88 = 188.88 ORGAN LLC # 2

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