

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY! SEP 23 AM 8: 46

	(Histiactions of L	back of application	SECRETARY OF THE	
1. The	name of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO	
	•	C Hart Subcontract		
	The complete street and mailing addresses of the initial designated/principal office: 1370 JEFFERSON AVE #3, IDAHO FALLS, ID 83402			
(Str	reet Address)			
(Ma	ailing Address, if different than street addre	ess)		
3. The	The name and complete street address of the registered agent:			
Ch	nad Campos	591 Park Ave.	591 Park Ave. Ste. 303 Idaho Falls, ID 83402	
(Na	ame)	(Street Address)		
	e name and address of at lea	st one member or	manager of the limited liability	
	<u>Name</u>		Address	
<u>C</u> t	nris Hart	1370 Jeffersor	1370 Jefferson Ave #3, Idaho Falls, ID 83402	
	iling address for future corre- nad A. Campos 591 Park Ave. Ste.	•	, ,	
6. Fut	ure effective date of filing (o	otional):		
Signatu person.	ure of a manager, membe	r or authorized		
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i ypeu i	value.			
Signature			IDAHO SECRETARY OF STATE 69/23/2011 65:00	

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Typed Name: _____

CK: 546 CT: 262713 BH: 1291648 1 0 160.00 = 100.00 ORGAN LLC # 2

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