

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 17 PM 1: 06 SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability con	· · · · · ·
	anavu Ventures LLC
The complete street address, and merincipal office:	nailing address if different, of the initial designated/
526 E 120	00 N, Sheiley, Idaho 83274
The name of the commercial register address of the non-commercial regis	ered agent; or the name and complete street istered agent:
Joshua W. Searle	526 E 1200 N, Shelley, Idaho 83274
The name and address of at least of	one member or manager of the limited liability
company: Name	Address
Joshua W. Searle	526 E 1200 N, Shelley, Idaho 83274
. Mailing address for future correspo	ondence (annual report notices): 200 N, Shelley, Idaho 83274
Future effective date of filing (optio	nal):
ignature of an organizer(s). (An organizer is acting in behalf of a required, and existing	, initial member
r members). signature <i>John W. Sunl</i> a	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE ### ### ### ########################

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