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

FILED EFFECTIV

(Instructions on back of application)

09 JUL -6 PH12: 42

. The name of the limited liability company	CELERIARI UE OVARE
FOI	D, LLC STATE OF IDAHO
2. The complete street and mailing addresse 236 W. Lexington	
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of	f the registered agent:
Alyson Brown	236 W. Lexington St.
(Name) (Stree	et Address)
4. The name and address of at least one me company:  Name	ember or manager of the limited liability
Alyson Brown	236 W. Lexington St.
	Boise, ID 83706
**************************************	
5. Mailing address for future correspondence	e (annual report notices):
236 W. Leverngton	
- Comment	A CONTRACTOR OF THE PROPERTY O
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a membe	er or is
acting in behalf of a member or members).	
$\Omega I$ . $R_{A}$	Secretary of State use only
Signature Wyst 1800	IDAHO SECRETARY OF STATE OF ST
Typed Name: Alyson Brown	
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Signature	10 mg/m
Гуреd Name:	IDAHO SECRETARY OF STAT
	- 82 97/96/2099 95: CK: 2495 CT: 236563 BH: 11

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