

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 MAR 23 PM 4: 25

			7. 7. 20
VOTO:	(Instructions on bac	k of application)	SECRETARY OF STATE STATE OF IDAHO
1. The name o	f the limited liability co	empany is:	OTATE OF TUAND
209	2 2	SAND C. I	LLC
2. The complete	te street and mailing a	ddresses of the initial d	
10581 EMPRESS ST NAMPA ID 83687			
(Street Address)			
(Mailing Address	s, if different than street address)		
3. The пате а	nd complete street add	dress of the registered	agent:
CHRIST (Name)	TE COLLINS	105 81 EMP (Street Address)	RESS ST NAMPA 83687
4. The name a company:	nd address of at least	one member or manag	er of the limited liability
	<u>Name</u>		Address
CHRISTI	E COLLINS	10581 EMPRE	SS ST NAMPA 83687
	<del></del>	<del></del>	
5. Mailing addr	ess for future correspo	ndence (annual report	notices):
10581 EMPRES ST NAMPA ID 83687			
6. Future effective date of filing (optional):			
Signature of a manager, member or authorized person.			
person.	-1111	,	Secretary of State use only
Signature	unuly by		TOING SECTEMANY OF SMAME
Typed Name: (	Khistie Collin	ns	1DAHO SECRETARY OF STATE 03/23/2015 05:00
			K:CASH CT:308010 BH:1467519
			100.00 = 100.00 ORGAN LLC 20.00 = 20.00 EXPEDITE C
Typed Name:			111110100

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