

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back) The name of the limited liability cor	k of application) SECRETARY OF STATE
principal office:	mailing address if different, of the initial designated/
	ered agent; or the name and complete street
	c. 1423 Tyrell Lane Boise, ID 83706 County of Ada
 The name and address of at least of company:	one member or manager of the limited liability Address
David Parker	12240 Orchard Ave. Namna ID 83651
David Parker	12240 Orchard Ave., Nampa, ID 83651
David Parker	12240 Orchard Ave., Nampa, ID 83651
. Mailing address for future correspor	
5. Mailing address for future correspor	ndence (annual report notices): chard Ave., Nampa, ID 83651 nal):

0000000