

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

7	(Instructions	on back of application	) 2015 APR -6 PM 4: 4	
1.	The name of the limited lia	bility company is:	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and management 1000 Riverwalk Drive, Suite 20 (Street Address)	•	initial designated office:	
	P. O. Box 50130, Idaho Falls, I (Mailing Address, if different than stree			
3.	The name and complete street address of the registered agent:			
	Ryan B. Meikle	1000 Riverwal	lk Drive, Suite 200, Idaho Falls, ID 83402	
	(Name)	(Street Address)		
	company: <u>Name</u> Ryan B. Meikle	P O Roy 501	<u>Address</u> P. O. Box 50130, Idaho Falls, ID 83405	
	<del></del>			
5.	Mailing address for future of P. O. Box 50130, Idaho Falls, I	•	al report notices):	
6.	Future effective date of filing	g (optional):		
	nature of a manager, me	mber or authorized		
Sig	nature / Lyn /s	Make	Secretary of State use only	
Тур	ped Name: Ryan B. Meikle		IDAHO SECRETARY OF STATE <b>84/86/2015 05:00</b>	
	nature		CK:PREPAID CT:12945 BH:14	
Тур	ped Name;		16 100.00 = 100.00 ORGAN 16 20.00 = 20.00 EXPEDITE	

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9/21/2012

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