

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 10 JUL 22 AM 8: 45

(Instructions on back of application) SECRE ARY OF ST	ATE
1. The name of the limited liability company is:	)
2. The complete street and mailing addresses of the initial designated/principal of	ffice:
1956 N. Estancia Pl., Eagle, ID 83616 (Street Address)	
(Mailing Address, if different than street address)	<del></del>
3. The name and complete street address of the registered agent:	
Mike Holmberg 1856 N. Estancia Pl., Eagl (Name) (Street Address)	e, ID 83616
4. The name and address of at least one member or manager of the limited liabil company:	lity
Mike Holmberg 1856 N. Estancia Pl., Eagle, Kirsten Holmberg 1856 N. Estancia Pl., Eagle,	ID 83616
Kirsten Holmberg 1856 N. Estancia Pl., Eagle,	TD82618
5. Mailing address for future correspondence (annual report notices):	
1856 N. Estancia Pl., Eagle, ID 83616	
6. Future effective date of filing (optional):	
Circulture of a manager member or authorized	
Signature of a manager, member or authorized person.	
Secretary of State use of	
Signature White Children 11195	
$\sim$	036
Typed Name: Mike Holmberg	036
Typed Name: Mike Holmberg	

cert\_org\_lic Rev. 07/2010