

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY 16 PM 4: 30

1.	The name of the limited liability comp	pany is:	SEUKETARY OF STATE STATE OF IDAMO
2.	2. The complete street and mailing addresses of the initial designated office: 2701 E. Pine Meridian, ID 83642		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Phillip E. Broadbent		Meridian, ID 83642
	(Name)	(Street Address)	
4.	4. The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Addre	<u>ess</u>
	R. Orville Thompson	2701 E Pine Ave	, Mendian. ID 83642
			
			<u></u>
5. Mailing address for future correspondence (annual report notices):			es):
	2701 E. Pine Meridian, ID 83462		
6. Future effective date of filing (optional):			
Signature of a manager, member or authorized person.			
	Lan.	Sec	cretary of State use only
Signature / VVO			
Typed Name: R. Orville Thompson			
Signature IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE			
Signature			
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