ST ST	CERTIFICATE OF	ORGANIZATIO	N FILED EFFECTIV
	LIMITED LIABIL	TY COMPANY	
	(Instructions on bac		10 AUG 23 AM 9: 16
		k of application)	OF DOCTOR AND
1.	The name of the limited liability co	ompany is:	SECRE GRY OF STATE STATE OF IDAHO
	Art S	Supply of Pocatello, LLC.	UTATE OF IDARIU
2.	The complete street and mailing a	ddresses of the initial d	esignated/principal office:
	910 Renee Ave. Pocatello Idaho 83201		
	(Street Address)	· · · ·	· · · · · · · · · · · · · · · · · · ·
	(Mailing Address, if different than street address)		
3.	The name and complete street add	dress of the registered a	agent:
		-	-
	Malynda Cooper (Name)	910 Renee Ave Pocatello Idaho 83201	
	(name)	(Street Address)	
4.	The name and address of at least	one member or manage	er of the limited liability
	company:		· · · · · · · · · · · · · · · · · · ·
	Name	Address	
	Micah P. Cooper	910 Renee Ave. Pocate	llo Idaho 83201
	· ·		an a
	·····		
		<u> </u>	
5.	Mailing address for future correspo	ondence (annual report	notices):
	910 Renee Ave. Pocatelio Idaho 83201	······································	
-			
6.	Future effective date of filing (optic	onal):	
0			
pers	nature of a manager, member o son.	r authorized	
P			Secretary of State use only
	nature Malunda Coop	2m	
Тур	ed Name Malynda Cooper		
. ~ .	Mr		
	nature Micah P. Cooper	<u> </u>	TRAILO OFROFTANY OF OTATE
тур	ed Name: Micah P. Cooper	· · ·	IDANO SECRETARY OF STATE 08/23/2010 05:00
		cert_org_lic Rev. 07/2010	CK: 635 CT: 250602 BN: 1235773 1 2 100.00 = 100.00 ORGAN LLC # 1 1 8 20.00 = 20 00 FYDENTLC C A
			1 U 20.00 = 20.00 EXPEDITE C #
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