



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY 11 AM 9:59

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Parker Enterprises Plus, LLC

2. The complete street and mailing addresses of the initial designated office:

7 Adams Dr Salmon ID 83467

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Julianna Parker

(Name)

7 Adams Dr Salmon ID 83467

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Julianna Parker

7 Adams Dr Salmon ID 83467

5. Mailing address for future correspondence (annual report notices):

7 Adams Dr Salmon ID 83467

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Julianna Parker

Typed Name: Julianna Parker

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

SECRETARY OF STATE  
05/11/2015 05:00  
CK:2124 CT:310074 BH:1474979  
1@ 100.00 = 100.00 ORGAN LLC #2

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