



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY 27 PM 2:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sherry Anderson LLC

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

5520 Stuart Chubbuck ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Sherry Anderson

(Name)

5520 Stuart Chubbuck ID 83202

(Street Address)

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

Name

Address

Sherry Anderson

Rt 2 Box 154, Pocatello, ID 83202

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

Rt 2 Box 154, Pocatello, ID 83202

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Sherry Anderson

Typed Name: Sherry Anderson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/27/2015 05:00

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