Signature:

Rev. 11/2015

Printed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 DEC -1 AM 9: 19

SECRETARY OF STATE

1.	. The name of the limited liability company is:	O'ATE OF IDAHO"
		nove 110
	Vinja's //owing and //aintenance LC- (Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)	
	the desired of the second seco	
2.	The complete street and mailing addresses of the principal office is:	
	11264 W. Victoria Dr. 1	lampa, FD. 83686
	(Street Address)	umpa, 70. 03600
	(Mailing Address, if different)	
3.	The name of the registered agent and street address of the registered agent:	
	Bruce Williams 11264 W.	1/2 tacio 1/2 1/2 1/2 -1 52/5/
	(Name) (Address cannot be a n	Victoria Dr. Nampa, ID. 83686 ost office box or postal mail box)
	(Tuoloss samis us a p	ost office box of postal filal box?
4.	The name and address of at least one governor of the limited liability company:	
	Bruce Williams 11264 W.	Victoria Nampa, ID. 83686
	(Name) (Address)	7 7
	(Name) (Address)	
	(Association)	
	(Name) (Address)	
	(Name) (Address)	
_		
5.	Mailing address for future correspondence (annual report notices):	
	11264 W. Victoria Dr.	Vampa, ID. 83686
	(Address)	
Sig	ignature of organizer(s).	
_		Secretary of State use only
Sig	rinted Name: Bruce Williams	IDAHO SECRETARY OF STATE
	0 1/11/2	12/01/2017 05:00
Prir	rinted Name: Bruce Williams	CW:1310 CT:345689 BW:1614292

CK:1310 CT:345689 BH:1614292 10 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 CORP SUR #3

WIGHUI8