

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE
nated office:
ıt:
vin Falls, ID 83301
the limited liability
ress vin Falls, ID 83301

1.	The name of the limited liability com	pany is: STATE OF IDAHO SECRETARY OF STATE	
2.	The complete street and mailing add 1055 Warmsprings Place, Twin Falls, ID 83 (Street Address)	•	
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Phillip C. Schwinn	1055 Warmsprings Place, Twin Falls, ID 83301	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Phillip C. Schwinn	1055 Warmsprings Place, Twin Falls, ID 83301	
	-		
5.	. Mailing address for future correspondence (annual report notices):		
6.	Future effective date of filing (optional	il):	
	• • • • • • • • • • • • • • • • • • • •		
Sig	nature of a manager, member or a	authorized	
per	son.	Secretary of State use only	
Sia	nature LC, Su	·	
_	ped Name: Phillip C. Schwinn		
		IDAHO SECRETARY OF STATE 95/31/2013 05:00 CK: 6960 CT: 83865 BH: 1376204	
	nature	1 8 180.00 = 100.00 ORGAN LLC # 2	
тур	ed Name:		

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