

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

	(Instructions on back	of application)	2014 APR 30 PM 1: 17
1. Th	The name of the limited liability company is:		SECRETARY OF STATE
į	Hansen Business Services LLC		STATE OF MAHO
	ne complete street and mailing add	resses of the in	nitial designated office:
•	Street Address) PO Box 875 Challis ID 83226		
_	Mailing Address, if different than street address)		
3. Tł	The name and complete street address of the registered agent:		
	Julie Hansen	1191 Foothills R	oad Challis ID 83226
(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	Name Name		Address
_	Julie Hansen, LLC Manager 1191 Foothills Road Challis ID 83226		
_			
_			
-			
5. M	ailing address for future correspond	dence (annual	report notices):
_	1191 Foothills Road Challis ID 83226	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
ö. Fi	uture effective date of filing (options	al):	
Signa perso	iture of a manager, member or	authorized	
			Secretary of State use only
Signa	ture Julie Hanson		10ANO SECRETARY OF STATE 04/38/2014 05:00
Signature <u>Julie Hansen</u> Typed Name: Julie Hansen, LLC Manager			CK:1184 CT:219846 BH:142
			16 100.00 = 100.00 ORGAN 1
	ture		W137366
Typed	Name:		VULU LUEP