

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2015 MAR -3 PM 3: 19

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability company i	is: STATE OF IDAHO
John Mickelin Enterpr.	ses LLC
2. The complete street and mailing addresses	
Street Address) Same as above (Mailing Address, If different than street address)	Idaho 83401
(Mailing Address, If different than street address)	
The name and complete street address of t	he registered agent:
John Mickelin 556 (Name) (Street)	5. Hart Lane Ideko Falle ID 83 401 Address)
The name and address of at least one men company:	nber or manager of the limited liability
Name	Address
John Mickelin 550	6 S. Heath Lane Idio Fella Id 8349
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Mailing address for future correspondence ((annual report notices):
4296 E. Ricie Huy Idaho Fallo	ID 83401
·	
6. Future effective date of filing (optional):	
Signature of a manager, member or authori person.	ized
\bigcirc	Secretary of State use only
Signature	1DAHO SECRETARY OF STATE 03/03/2015 05:00
Typed Name: John Mickelin	CK:2628816 CT:172099 BH:1464366
Signature	16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3
NODSKIFA '	I who we washe note that it are

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Typed Name: ____