

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

	LIMITED LIABILIT	I COMI AI	M 9: 34
₹ ±	(Instructions on back	of application)	10 DEC 20 AM 9: 34
1.	The name of the limited liability com	pany is:	SECRETARY OF STATE
	•	Enterprises, LLC	SECRE OF IDAHO
2.			
۷.	The complete street and mailing add 716 N. Pit Lane	resses of the initi	ai designated/principal office:
	(Street Address) Nampa, ID 83687	· · · · · · · · · · · · · · · · · · ·	
	(Mailing Address, if different than street address)	· · · · · · · · · · · · · · · · · · ·	
3.	The name and complete street addre	ss of the register	red agent:
	Joy L Palmer	716 N. Pit Lane Na	ampa, ID 83687
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company: Name Address		
	Joy L Palmer	716 N. Pit Lane Na	
		·	
			· ·
5.	Mailing address for future correspond 716 N. Pit Lane Nampa, ID 83687	lence (annual rep	port notices):
6.	Future effective date of filing (optiona	l):	
Sign	nature of a manager, member or a	authorized	
•	0 200		Secretary of State use only
-	ed Name: Joy L Palmer		
ı ypı	ed Namé: Joy L Palmer		IDAHO SECRETARY OF STATE
Sigr	nature		12/20/2010 05:00 CK: 8986 CT: 71882 BH: 1251618

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