

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 AUG 31 AM 11: 23

	(Instructions on back of application) STATE OF STATE STATE	
1.	The name of the limited liability company is:	
	Form Man U.C.	
2.	The complete street and mailing addresses of the initial designated/principal office:	
-	2727 N. 28th 51. Boise 10 83702 (Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	-
(Tonathan Contales 2722 H 28th St Boise, 10 837 (Street Address)	° 2
4.	The name and address of at least one member or manager of the limited liability company:	
	Name Address	
	Jonathan Cranzales 2722 N. 28th St. Boise 12 68 Black Summit UC 3637 Port Crassy, Meridian &	TOL
	Black Summit UC 3637 Donk Crassing Meridian &	364
5.	Mailing address for future correspondence (annual report notices):	
J .	2722 N/ 28th 51. Boine 10 83702	
	Ciel in the series out the series of the ser	
6.	Future effective date of filing (optional):	
_	nature of a manager, member or authorized	
•	Secretary of State use only	
	nature	
Tyr	ed Name: Jonathan Conzales	
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	nature CK: 772117 CT: 172099 BH: 1288	60
ιyp	ed Name: I = 188.88 UKGAN LLC	

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