



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 13 NOV -7 AM 9: 04

(Instructions on back of application)

1. The name of the lim	nited liability company is:	SECHEMAN OF STATE STATE OF IDAHO	
3 De	29Year North	orate or invalor	
2. The complete street	and mailing addresses of the	initial designated office:	
2636 Carriage Way Tw		•	
(Street Address)			
(Mailing Address, if different	than street address)		
3. The name and comp	plete street address of the reg	istered agent:	
Katie Stanger	2636 Carriage	2636 Carriage Way Twin Falls, ID 83301	
(Name)	(Street Address)	(Street Address)	
company:		r manager of the limited liability	
Name Katio Stanger		Address	
Katie Stanger	Zoso Camage	Way Twin Falls, ID 83301	
Kylee White	2636 Carriage	2636 Carriage Way Twin Falls, ID 83301	
Brandie White	2636 Carriage Way Twin Falls, ID 83301		
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- · · · · · · · · · · · · · · · · · · ·		121.	
5. Mailing address for fu 2636 Carriage Way Twi	uture correspondence (annua in Falls, ID 83301	al report notices):	
6. Future effective date	of filing (optional):		
Signature of a manage person.	er, member or authorized		
X 51.	01010	Secretary of State use only	
Signature))	eycy		
Typed Name: / Yał	11 Stanger		
Oimmet	U	IDAHO SECRETARY OF STATE	
Signature		11/07/2013 05:00 CK: 3804 CT: 289444 PH: 1397188	
Typed Name:		1 0 100.00 = 100.00 ORGAN LLC 0 2 1 0 20.00 = 20.00 EXPEDITE C 0 3	

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