

Signature\_

Signature \_\_\_\_\_ Typed Name:

Typed Name:

Karja Figueroa, Assistant Secretary

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 29 AM 10: 16

	(Instructions on back	or application)	
1.	The name of the limited liability com	pany is:	SECRETARY OF STATE OF IDAHO
	Xa	riffa`s Project LLC	
2.	The complete street address, and maprincipal office:	ailing address if diffe	rent, of the initial designated/
	212 18th Av	re. S., Nampa, Idaho 836	51
3.	The name of the commercial register address of the non-commercial regis		ne and complete street
	National Registered Agents, Inc. 1423 Tyrell Lane Boise, ID 83706 County of Ada		
	The many and add to the first		
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Murray Carkuff	212 18th Ave. \$	S., Nampa, Idaho 83651
	Janet Hali	212 18th Ave. S., Nampa, Idaho 83651	
	The second secon		
			**************************************
			-
i.	Mailing address for future correspondence (annual report notices): 212 18th Ave. S., Nampa, Idaho 83651		
	212 (OU) AV	e. G., Nampa, Iuano 636:	J 1
<b>;</b> .	Future effective date of filing (optional	al):	
	nature of an organizer(s). (An organizer acting in behalf of a required, and existing, ir		
m	embers).	QW <sub>d</sub>	Secretary of State use only
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IDAHO SECRETARY OF STATE

07/29/2008 05:00

CK: 100953 CT: 167623 BH: 1129238

1 0 100.00 = 100.00 ORGAN LLC # 2

1 0 20.00 = 20.00 EXPEDITE C # 3

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