

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 22 AM 10: 19

STATE OF IDAHO

1.	The name of the limited liability com	pany is:		STATE OF IDAHO
	Inno	vative Produc	cts LLC	
2.	The complete street and mailing addresses of the initial designated/principal office:			
	13049 N. Windy Meadow Ave Boise ID 83714			
	(Street Address) PO Box 336 Donnelly ID 83615 (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Carrie Value	13049 N. Windy Meadow Ave Boise ID 83714		ve Boise ID 83714
	(Name)	(Street Addres	ss)	
	The name and address of at least one member or manager of the limited liability company:			
	Name	Address DO Roy 236 Depolly ID 93615		
	Carrie Value PO Box 336 Donnelly ID 83615			у 10 636 15
		***************************************	41 - 414	
5 N	Mailing addraga for future correspond	danaa (ann	ual ranart nations	
5. N	Mailing address for future correspondence (annual report notices): PO Box 336 Donnelly ID 83615			
	1 0 80%	OJO DOMINON		
6 F	Future effective date of filing (optiona	ıD.		
0	diare encoure date or ming (optional	''7'		
Sign	ature of organizer(s). (An organizer is a p	nember, or is		
acting	g in behalf of a member or members).	/	Carret	on of State use only
O:	Ca la lu		QW Secret	ary of State use only
_	ature Carrie Value	<u> </u>	Org_ Col. Col.	IDAHO SECRETARY OF STATE
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