

Signature

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

11 APR 18 PM 1:29

SCURETARY OF STAT E OF IDAHO

## 1. The name of the limited liability company is: ROUS ENTERPRISES LLC The complete street and mailing addresses of the initial designated/principal office: 1759 W Silvercrest Dr Boise, ID 83703 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Roth Rous 1759 W Silvercrest Dr Boise, ID 83703 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: **Address Name** Roth Rous 1759 W Silvercrest Dr. Boise, ID 83703 5. Mailing address for future correspondence (annual report notices): 1759 W Silvercrest Dr. Boise, ID 83703 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature ( Typed Name: Roth Rous

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IDAHO SECRETARY OF STATE