

Signature_ Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 27 AM 10: 54

1. The name of the limited liability company	is:
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SECRETARY OF STATE

. The name of	the ilmited liability (ompany is.	STATE OF IDAHO
		Bounce! LLC	
2. The complete principal office	•	I mailing address if differe	nt, of the initial designated/
-	490 E. Schi	ller Suite A, Meridian, Idaho 83	646
	the commercial regi e non-commercial re	stered agent; or the name egistered agent:	and complete street
United	States Corporation Age	nts, Inc., 943 West Overland Ro	oad, Meridian, ID 83642
4. The name an company:	d address of at leas	t one member or manager	of the limited liability
Name			ddress
	Todd Hill	490 E. Schiller Suite	A, Meridian, Idaho 83646
	Arriel Hill	490 E. Schiller Suite	A, Meridian, Idaho 83646
5. Mailing addre	•	ondence (annual report no ler Suite A, Meridian, Idaho 836	•
6. Future effecti	ve date of filing (opti	onal):	
r is acting in behalf	rganizer(s). (An organi of a required, and existir		
r members).		J/ DINA	Secretary of State use only
Signature	4	om.com, Inc.	
yped Name: <u>Ka</u>	rla/Figueroa, Legalzoo	m.com, Inc.	
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