



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 NOV -6 PM 2:40

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Claim, LLC

2. The complete street and mailing addresses of the initial designated office:

(Street Address)

1116 S. Vista Ave. Suite 204, Boise ID 83705

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Andrew Shoppe

(Name)

950 W. Bannock St. Suite 1100, Boise ID 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Susan Alveshere,

1116 S. Vista Ave., Suite 204, Boise ID 83705

Donald Alveshere,

1116 S. Vista Ave. Suite 204, Boise ID 83705

5. Mailing address for future correspondence (annual report notices):

1116 S. Vista Ave., Suite 204, Boise ID 83705

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Susan Alveshere

Signature

Typed Name: Donald James Alveshere

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/06/2012 05:00  
CK: 1189894 CT: 172099 BH: 1346701  
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