

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 10 JUL 19 AM 9: 02

(Instructions on back of application)

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

	L and H Knoll LLC
	ing addresses of the initial designated/principal office:
2803 S. Goshen Way Boise, Idaho	o 83709
(Street Address)	
(Mailing Address, if different than street ad	idress)
. The name and complete stree	et address of the registered agent:
Harvey Knoll	2803 S. Goshen Way Boise, Idaho 83709
(Name)	(Street Address)
. The name and address of at le	least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Harvey Knoll	2803 S. Goshen Way Boise, Idaho 83709
, <u>, , , , , , , , , , , , , , , , , , </u>	
-	
<ul> <li>Mailing address for future corr</li> </ul>	respondence (annual report notices):
2803 S. Goshen Way Boise, Idaho	o 83709
	***
. Future effective date of filing (	(optional):
ignature of a manager, memb	per or authorized
erson.	Secretary of State use only
immatura /	100
voed Name: Harvey Knoll	way 939
yped Name: Harvey Knoll	
ianatura	IDAHO SECRETARY OF STATE 97/19/2010 05=0
ignature	CK: 1252 CT: 235260 BH: 1231; 1 0 100.00 = 100.00 ORGAN LLC
Typed Name:	