



Signature____

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 22 AM 11: 28

W76235

The name of the limited liability company is:

SECRETARY OF STATE

. The name of the limited hability Co	OTATE OF IDAHO
	Stra10uP LLC
. The complete street and mailing a	ddresses of the initial designated/principal office:
	Cree Circle, Boise, ID 83709
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street add	dress of the registered agent:
Susan B Littlehale	5197 Cree Circle, Boise, ID 83709
(Name)	(Street Address)
company: Name	one member or manager of the limited liability Address
Susan B Littlehale	5197 Cree Circle, Boise ID 83709
Jonathan A Littlehale	5197 Cree Circle, Boise ID 83709
BA-W	
Mailing address for future correspo	· · · · · · · · · · · · · · · · · · ·
5197 C	Cree Circle, Boise ID 83709
Eight was affective what of the cold in	n
Future effective date of filing (option	nai):
gnature of organizer(s). (An organizer is ting in behalf of a member or members).	a member, or is
1 1	Secretary of State use only
gnature	IDAHO SECRETARY OF STATE 97/22/2008 05:00 CK: 134473 CT: 172099 BH: 1128206
ped Name: Susan B Littlehale	CK: 134473 CT: 172099 BH: 1128206 1 0 100.00 = 100.00 ORGAN LLC #