



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 OCT -3 AM 9:05

1. The name of the limited liability company is:

Cartridge Connection LLC

SECRETARY OF STATE

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

3539 N. Buckboard Way, Boise, Idaho 83704

(Street Address)

(Mailing Address, if different than street address)

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

Bill Lauder

(Name)

3539 N. Buckboard Way, Boise, Id. 83704

(Street Address)

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

Name

Address

Bill Lauder

3539 N. Buckboard Way, Boise, Id. 83704

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

3539 N. Buckboard Way, Boise, Id. 83704

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Secretary of State use only

Signature Bill Lauder

Typed Name: Bill Lauder

Signature _____

Typed Name: _____

W107184