



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN -6 AM 9:20  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CAPILLI, LLC

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

305 LA MONTAGNA STRADA

(Street Address)

POCATELLO, ID 83201

(Mailing Address, if different than street address)

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

JOSHUA TOLMAN

(Name)

305 LA MONTAGNA STRADA

(Street Address)

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

**Name**

**Address**

JOSHUA TOLMAN

305 LA MONTAGNA STRADA, POCATELLO, ID 83201

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

305 LA MONTAGNA STRADA, POCATELLO, ID 83201

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: JOSHUA TOLMAN

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/06/2012 05:00  
CK: 991 CT: 271177 BH: 1327186  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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