## FILED EFFECTIVE **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2012 OCT -9 PM 3: 55

(Instructions on back of application)

SECRETARY OF STAFF

(,,,,		Ph	STATE OF IDAHO
1. The name of the l	imited liability compan	y is:	OTATE OF TUAHO
(The) Platinum Grou	p, LLC		
2. The complete stree 954 E Opus St, Bois (Street Address)	•	ses of the initial designate	ed office:
(Mailing Address, if different	nt than street address)		
3. The name and con	npiete street address (	of the registered agent:	
David Nielsen	954	4 E Opus St, Boise, ID 86716	
(Name)	(Str	reet Address)	
company:	iress of at least one m	nember or manager of the	limited liability
David Nielsen 954 E Opus St, Boise, ID 83716			
5. Mailing address for 954 E Opus St, Boise	•	ce (annual report notices)	:
6. Future effective da	te of filing (optional): _		
Signature of a manaperson.	ger, member or auth		ary of State use only
Signature	Vec >	Secreta	iry of State use only
Typed Name: David Nik	elsen		
Signature	****		
Typed Name:			DANG SECRETARY OF STATE 10/2012 05:00

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