

Signature:\_\_

Rev. 11/2015

Printed Name: -

SMorrison LLC

1.

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

The name of the limited liability company is:

Complete and submit the application in duplicate.

## FILED EFFECTIVE

CK: 6130 CT: 346621 BH: 1606129 10 100.00 = 100.00 ORGAN LLC #2

W190074

2017 OCT -5 PM 1: 44

SECRETARY OF STATE STATE OF IDAHO

(Street Address)	
(Mailing Address, if different)	
The name of the registere	ed agent and the street address of the registered agent:
Sharon Morrison	11496 W. Florida Dr Boise, ID 83709
(Name)	(Address cannot be a post office box or postal mail box.)
Sharon Morrison (Name)	at least one governor of the limited liability company:  11496 W. Florida Dr Boise, ID 83709  (Address)
· ·	(Address)
(Name)	(Address)
(Name)	(Address)
(Name)	(Address)
(manu)	(Address)
_	correspondence (annual report notices):
11496 W. Florida Dr Bois	e, ID 83709