



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP 18 AM 8:31

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ELEVATE PRODUCT FULFILLMENT LLC

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

795 LINDSAY BLVD, IDAHO FALLS ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

JIM HONE

(Name)

795 LINDSAY BLVD IDAHO FALLS ID 83402

(Street Address)

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

JIM HONE

Name

Address

795 LINDSAY BLVD IDAHO FALLS ID 83402

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

795 LINDSAY BLVD IDAHO FALLS ID 83402

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JIM HONE

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/18/2014 05:00

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