



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JAN -5 AM 11:57

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

State Avenue Office Rentals, LLC

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

39 E State Avenue, Meridian, Idaho 83642

(Street Address)

(Mailing Address, if different than street address)

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

Camilla Lower

(Name)

39 E State Avenue, Meridian, Idaho 83642

(Street Address)

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

Name

Address

Camilla Lower

39 E State Avenue, Meridian, Idaho 83642

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

39 E State Avenue, Meridian, Idaho 83642

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

*CL*

Typed Name: Camilla Lower

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/05/2015 05:00

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