



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
Typed Name: Camilla Lower

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/05/2015 05:00
CK:2471214 CT:172099 BH:1455533
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