



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2015 APR 17 AM 9:06

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cube It LLC

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

2658 E. 2100 N. Hamer ID, 83425

(Street Address)

(Mailing Address, if different than street address)

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

James C. Neville

(Name)

2658 E. 2100 N. Hamer ID, 83425

(Street Address)

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

Travis Neville

Name

2658 E. 2100 N. Hamer ID, 83425

James Neville

Address

2658 E. 2100 N. Hamer ID, 83425

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

2658 E. 2100 N. Hamer ID, 83425

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

Signature of a manager, member or authorized person.

Signature Travis Neville

Typed Name: Travis Neville

Signature James Neville

Typed Name: James Neville

Secretary of State use only

IDaho SECRETARY OF STATE

04/17/2015 05:00

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