



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 NOV 14 AM 9:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

QC WALKER, LLC

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

140 W 2ND S APT 67 REXBURG, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

QUINN WALKER

(Name)

140 W 2ND S APT 67 REXBURG, ID 83440

(Street Address)

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

Name	Address
QUINN WALKER	140 W 2ND S APT 67 REXBURG, ID 83440

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

140 W 2ND S APT 67 REXBURG, ID 83440

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

Signature of a manager, member or authorized person.

Signature *Quinn Walker*
Typed Name: QUINN WALKER

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/14/2014 05:00
 CK:2360796 CT:172099 BH:1449329
 1@ 100.00 = 100.00 ORGAN LLC #2

W1144323