## 2013 FEB 25 PM 1: 13 **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

	LIMITED LIABILI (Instructions on bac		STATE OF IDAHO
	name of the limited liability co	mpany is:	
2. The 6	complete street and mailing ac Broad Street, Suite 300, Boise, ID &		nated office:
(Mailir	ng Address, if different than street address)		
3. The r	name and complete street add	ress of the registered ager	nt:
Chris (Name	hristine Johnson 855 Broad Street, Suite 300, Boise, ID 83702  (Street Address)		Boise, ID 83702
4. The n	ame and address of at least o any:	ne member or manager of	the limited liability
<u>Name</u> Ryan Van Alfen		Address 855 Broad St., Suite 300, Boise, ID 83702	
	Kotter	855 Broad St., Suite 300, Boise, ID 83702	
5. Mailing 855 B	g address for future correspond road St., Suite 300, Bolse, ID 83702	dence (annual report notice	es):
6. Future	effective date of filing (optional	al):	-
Signature person.	of a manager, member or a		
Signature_ Typed Nam	ne: Ryan-Van Alfen	Sec	retary of State use only
Signature_ Typed Nam	e: Jason Kotter	CK	IDAHO SECRETARY OF STATE    2/25/2013   05:00     1298397   CT: 172099   BH: 136171*   100.00 = 100.00   ORGAN LLC # 2     20.00 = 20.00   EXPEDITE C # 2

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