

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

20	(Instructions on bac	k of application)	SECRETARY OF STATE OF IDAHO
1. The nam	e of the limited liability co	mpany is:	STATE OF IDIATO
SYNC, L	rc		• • • • • • • • • • • • • • • • • • • •
	plete street and mailing ac SINESS PARK DRIVE, UNIT E		esignated office:
	dress, if different than street address)		
	e and complete street add	lress of the registered a	agent:
JOSH SI	1ETLER	1020 BUSINESS PARK	DR, UNIT E, HAILEY ID, 83333
(Name)		(Street Address)	
JOSH SI			DR, UNIT E, HAILEY ID, 83333 DR, UNIT E, HAILEY ID, 83333
•	Iddress for future correspo SINESS PARK DRIVE, UNIT E	-	notices):
3. Future e	fective date of filing (option	nal):	_
	f a manager, member o	r authorized	
erson.			Secretary of State use only
Signature <u>~</u>		>	
yped Name	JOSH SHETLER		
Signature <u></u>			IDAHO SECRETARY OF
wed Name	JAYSFING	ŀ	02/27/2015 05

CK:2425 CT:306699 BH:1463720 10 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

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