

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT 26 AM 9:38

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SLSA2 LLC

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

1333 E DOBERMAN ST, MERIDIAN, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

JARED HEINER

(Name)

1333 E DOBERMAN ST, MERIDIAN, ID 83642

(Street Address)

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

Name**Address**

JARED HEINER

1333 E DOBERMAN ST, MERIDIAN, ID 83642

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

1333 E DOBERMAN ST, MERIDIAN, ID 83642

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JARED HEINER

Secretary of State use only

Signature

Typed Name: _____

 IDAHO SECRETARY OF STATE
 10/26/2010 05:00
 CK: 1442 CT: 215758 BH: 1244634
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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