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CERTIFICATE OF OF		I FILED EFFECTIN 09 FEB 10 PM 12: 28
(Instructions on back of	(Instructions on back of application)	
1. The name of the limited liability comp	any is:	SECRETARY OF STATE STATE OF IDAHO
	ays 8 Ventures, LLC	
2. The complete street and mailing addre	esses of the initial des	signated/principal office:
200 S. Pr (Street Address)	nillippi Boise, ID 83705	. <u> </u>
(Mailing Address, if different than street address)		
3. The name and complete street addres	ss of the registered ag	ient:
Jeff Jerome		
(Name)	(Street Address)	pi Boise, ID 83705
company: <u>Name</u> SilverStone Capital Group, LLC	Address 200 S. Phillippi Boise, ID 83705	
Erol T. Cobanoglu	4329 Oxbow Way Boise, ID 83713	
Jennifer L. Griffith	11253 W. Ardyce	e St. Boise, ID 83713
5. Mailing address for future corresponde 200 S. Ph	ence (annual report n Illippi Boise, ID 83705	otices):
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a m	ember, or is	
acting in behalf of a member or members).	OWA	Secretary of State use only
Signature <u>Jeff Jerome</u> Typed Name: <u>Jeff Jerome</u>	corptionmstull (tommstoert_org_ Bc. PMD	IDAHO SECRETARY OF STATE @2/10/2009 05:00 CK: 20025 CT: 17209 DH: 113633
Signature		1 8 180.08 = 198.00 ORGAN LLC N
Typed Name:	koopVor	
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