LIMITED LIAB	DF ORGANIZATIO SILITY COMPANY back of application)		
1. The name of the limited liabilit	v company is:	STATE UP IDAIN	
ILS Innovative Ventures LLC	.,		
2. The complete street and mailir 3880 Tuscany Dr; Idaho Falls, Idah (Street Address)		designated office:	
(Mailing Address, if different than street add	Iress)		
3. The name and complete street		agent:	
Ingrid Louise Siddoway	3880 Tuscany Dr; Idaho Falls, Idaho 83404		
(Name)	(Street Address)		
4. The name and address of at le company:	east one member or manag	ger of the limited liability	
<u>Name</u> Ingrid Louise Siddoway	3880 Tuscany Dr; Idah	Address	
5. Mailing address for future corre 3880 Tuscany Dr; Idaho Falls, Idah	· · ·	t notices):	
6. Future effective date of filing (o	optional):		
Signature of a manager, member person.	er or authorized		
Signature <u>Maria Zeuise Midde</u> Typed Name: <u>Ingrid Louise Siddoway</u> Signature Typed Name:	C1 10	Secretary of State use only IDAHO SECRETARY OF STATE 08/29/2016 05:00 K:3189 CT:282328 BH:1543811 100.00 = 100.00 ORGAN LLC #3 20.00 = 20.00 EXPEDITE C #3	
21/2012	cert_org_lic Rev. 07/2010	W170806	

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