

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 MAR -7 PM 3: 3

(Instructions on bac		ack of application)	SECRETARY OF STA
1.	The name of the limited liability	company is:	STATE OF IDAHO
	Sawtooth Apps LLC		
2.	The complete street and mailing addresses of the initial designated office: 688 Pole Line Rd #8 Twin Falls, ID 83301		
	(Street Address)	03301	
	(Malling Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	InCorp Services, Inc.		3oise, ID 83705-2536
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Addres	
	Mark Eskeldson	688 Pole Line Rd #8 Twin Fa	lls, ID 83301
			<u> </u>
			No.
5.	Mailing address for future corres	nondence (annual report notices	5).
٥.	688 Pole Line Rd #8 Twin Falls, ID	•	<i>5)</i> .
6.	Futu re effective date of filing (op t	ional):	
	• • • • • • • • • • • • • • • • • • • •		
Siar	nature of a manager, member	or authorized	
pers	_ ·	Lone member of plantager or a	to intuled dubinay
Siar	nature Mark Estulla	Secre	stary of State use only
•	ed Name: Mark Eskeldson		
ı yp.	cu Ivaille.		
Sign	ature		
	ed Name:		IDAHO SECRETARY OF STATE
			3/67/2014 05:00

9/21/2012

cent ong No Rev. 07/2010

CK: 1731483 CT: 172899 BH: 1414239 1 1 8 188.98 = 188.88 ORGAN LLC # 2 1 9 28.68 = 28.98 EXPEDITE C # 3

W135214