



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC -3 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BOIANA LLC

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

176 ROSE STREET NORTH

(Street Address)

TWIN FALLS, ID 83301

(Mailing Address, if different than street address)

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

MARIANNA KRACHUNOV

(Name)

176 ROSE STREET NORTH, TWIN FALLS, ID 83301

(Street Address)

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

Name

Address

MARIANNA KRACHUNOV

176 ROSE STREET NORTH, TWIN FALLS, ID 83301

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

BOIANA LLC, 176 ROSE STREET NORTH, TWIN FALLS, ID 83301

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: MARIANNA KRACHUNOV

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
12/03/2008 05:00
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