



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 JUN 17 PM 4:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Jodi Hickenlooper, LLC

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

1120 W. O'Farrell, Boise, Idaho 83702

(Street Address)

(Mailing Address, if different than street address)

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

Jodi Hickenlooper

(Name)

1120 W. O'Farrell, Boise, Idaho 83702

(Street Address)

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

Name

Address

Jodi Hickenlooper

1120 W. O'Farrell, Boise, Idaho 83702

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

1120 W. O'Farrell, Boise, Idaho 83702

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Jodi Hickenlooper

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/18/2013 05:00
CX: 1135 CT: 103732 BH: 1370481
1 @ 100.00 = 100.00 ORGAN LLC # 2

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