

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

2015 JUN -9 PM 1: 08

1.	The name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF IDAHO	
	The Fix Idaho, LC		TO A ST TO FREE OF	
2.	The complete street and mailing add 4092 South Nickel Creek Place, Meridian, (Street Address)		initial designated office:	
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Kirsten Arnold	4092 South Nickel Creek Place, Meridian, ID 82642		
	(Name)	(Street Address)		
4.	The name and address of at least on company: Name Kirsten Arnold		r manager of the limited liability Address ickel Creek Place, Meridian, ID 82642	
	Karissa Beckman	1404 East Country Oak Lane, Draper, UT 84020		
5.	Mailing address for future correspond 4092 South Nickel Creek Place, Meridian,	5 `	al report notices):	
6.	. Future effective date of filing (optional):			
_	nature of a manager, member or son.	authorized	·	
Sig	nature At Cold	·	Secretary of State use only IDAHO SECRETARY OF STATE 06/09/2015 05:00 CK: 2916176 CT: 172099 RH: 1478	

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