| T SF TO                                       |   |                            | FILED EFFEC                        | W                     |
|---|---|----------------------------|------------------------------------|-----------------------|
|   | CERTIFICATE OF OR<br>LIMITED LIABILITY<br>(Instructions on back of a                                      | COMPANY                    | 2 JUL 16 AM 9:59                   |                       |
|   | e name of the limited liability compar  | y 13.                      | CRETARY OF STATE<br>STATE OF IDAHO |                       |
| 2. Th   | e complete street and mailing address<br>249 CoLONIAL WA  | ses of the initial designa |                                    |                       |
| -   | UDAHO FAUS, ID<br>ailing Address, if different than street address)<br>e name and complete street address | S3404                      | <u></u>                            |                       |
| <b>E</b>                                      | bube Chukwurah Z  | eet Address)               | WAY, 10AHO +                       | عر                    |
| co<br>E                                       | e name and address of at least one n<br>npany:<br><u>Name</u><br><u>bube Chukwurah</u><br>ISA CHUKWURAH 2 | Address<br>249 Co LONIA    | L WAY, 1DAMU                       | fr<br>g a             |
|   |   |                            |                                    |                       |
|   |   |                            |                                    |                       |
|   | iling address for future corresponden   | •                          |                                    |                       |
| 3   | -   | the face, l                | D 83404                            |                       |
| <b>2</b><br>6. Fu                             | ure effective date of filing (optional):<br>ure of a manager, member or aut                               | norized                    | D 83494                            |                       |
| 6. Fu<br>Signat<br>person                     | ure effective date of filing (optional):<br>ure of a manager, member or aut                               | norized                    | D 83404                            |                       |
| 6. Fu<br>Signat<br>person<br>Signate<br>Typed | ure effective date of filing (optional):<br>ure of a manager, member or aut                               | norized                    | D 83494                            | <b>2</b><br>43<br># 2 |

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