

CERTIFICATE OF ORGANIZATION ELED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUL 13 AM 8: 43

1.	The name of the limited liability company is: STATE OF IDAHO SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office: 1095 Camelot DR Boise; ID 83704 (Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Steven Throngand 1095 Care 10+ DR Boise, ZD 83704 (Street Address)	•
4.	The name and address of at least one member or manager of the limited liability company:	
	Steven Throngard 1095 canelot DR Boise, ID83704	1
5.	Mailing address for future correspondence (annual report notices): 1095 camelot DR Poise, ID 83704	
6.	Future effective date of filing (optional):	
•	nature of a manager, member or authorizedson.	
٥.	Secretary of State use only	
	nature 5/m /act ped Name: 5teven Throngard	
Sia	nature	
_	ed Name: IDAHO SECRETARY OF STATE @7/13/2012 @5:00	

cert_org_lic Rev. 07/2010

07/13/2012 05:08 CX: 14599974219 CT: 272323 BH: 133185 1 0 100.00 = 100.00 ORGAN LLC N 2 1 0 20.00 = 20.00 EXPEDITE C N 3

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