

Printed Name:

Signature:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

## FILED EFFECTIVE \*\*

2018 AUG 31 AM 10: 04

SECRETARY OF STATE STATE OF IDAHO

W 207989

(Remember to include ti	e words "Limited Liability Company," "Li	mited Company, for the abbreviations L.L.C., LLC, or LC)
	ailing addresses of the princip	val office is:
2943 W Joust Street, Me	ridian, ID 83646	
(Street Address)		
(Mailing Address, if different)		
The name and complete str	eet address of the registered	agent:
Brooke Thomsen	ce Thomsen 2943 W Joust Street, Meridian, ID 83646	
(Name)		
The name and address of a	t lenet and dovernment with a th	alland Haddillan annua
Brooke Thomsen	least one governor of the limited liability company:	
(Name)	n 2943 W Joust Street, Meridian, ID 83646 (Address)	
(Name)	(Address)	
•		
(Name)	(Address)	
(Name)	(Address)	,
	f. manages	
	rrespondence (annual report	notices):
Same		
(Address)		
ture of organizer(s).		
ed Name: Brooke Thomsen		Secretary of State use only
u Name.		IDANO SECRETARY OF STATE
turo		08/31/2018 05:00
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