

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2016 APR 15 AM 10: 16

TO TO	(Instructions on bac	к of application)	SECRETARY OF STATE STATE OF IDAHO
1 The name	e of the limited liability co	mpany is:	STATE OF IDAM
Erica F IR	•	Tripulity 10.	
2. The comp	plete street and mailing ac	ldresses of the ini	tial designated office:
رم 			
(Street Address 2002 C. C.	·/	16	}
	chooner Ave, Boise, Idaho 837 tress, if different than street address)	10	
		trace of the registe	ared agent:
o. The name	e and complete street add	ress of the registe	ared agent.
Erica Frar	ten 6302 S Schooner Ave, Boise,		Ave Boise Idaho 83716
(Name)		(Street Address)	
•		,	<b> </b>
4 The name	e and address of at least o	one member or m:	anager of the limited liability
company:		one member of me	anager of the miniou natinty
5 2 <b></b>	<u>Name</u>		Address
Erica Fran	<del>-</del>	6302 S Schooner	Ave, Boise, Idaho 83716
		· <del></del> -	
			),
<del></del>			
		·	
5. Mailing ad	ddress for future correspo	ndence (annual re	eport notices):
6302 S S	chooner Ave, Boise, Idaho 837	16	
6 Future eff	fective date of filing (optio	nal).	
o. Tatalo on	ocaro dato or ming (opao		
		:	
Signature of	a manager, member o	r authorized	
person.			
		William of the Wind	Secretary of State use only
Signature		250 (\$20)	follo granemini on amimo
Typed Name:	William Sam Stinnett II ,Filer		IDAHO SECRETARY OF STATE
. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Authorized Person		04/15/2016 05:00 CK:3779932 CT:172099 BH:1523
0:			10 100.00 = 100.00 ORGAN LLC
Typed Name:			W1105219
			v v i i i v √ ~~l i

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