

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG -5 PM 4:31

SECRETARY OF STATE

The name of the limited liabilit	y company is:	STATE OF IDAHO	
	Story Commercial, L	LC	
The complete street and mailir	ig addresses of the	initial designated/principal office:	
950 West Ba	nnock Street - Suite 11	00, Boise, ID 83702	
(Street Address)		•	
(Mailing Address, If different than street add	iress)		
. The name and complete street	address of the regi	istered agent:	
Jay Story	950 West Bannock Street - Suite 1100, Boise, ID 83702		
(Name)	(Street Address)	(Street Address)	
The name and address of at le company: Name		Address	
Jay Story	950 West Bannock Street - Suite 1100, Boise, ID 83702		
		•	
5. Mailing address for future corr	recoondence (annis	el report notices):	
	2 North 19th Street, Boi	•	
LLU	2 Horar Tour On Cot, Don	00, 12 00.01	
C. Future effective data of filing (ontional):		
Future effective date of filing (optionally.		
Signature of organizer(s). (An organ			
cting in behalf of a member or member		Secretary of State use only	
Signature		i wulusi	
Typed Name: Jay Sto	bry	3 MINUSO	
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Signature		1 2 100.06 = 100.08 ORGAN	
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