

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT 26 AM 8: 29

| • | | |
|---|--|--|
| 1. The name of the limited liabili | ty company is: | SECRET BY OF STATE |
| | Jennifer Schenk, LL0 | STATE OF IDAHO |
| 2. The complete street and mailing 333 S. Straughan Ave #122 Bolse, | • | nitial designated/principal office: |
| (Street Address) | | |
| (Mailing Address, if different then street ad | drees) | |
| 3. The name and complete stree | t address of the regis | stered agent: |
| Jennifer Schenk | 333 S. Straughan Ave. #122 Bolse, ID 83712 | |
| (Name) | (Street Address) | |
| The name and address of at le company: Name | | Address |
| Jennifer Schenk | 333 S. Straughe | n Ave. #122 Boise, ID 83712 |
| . Mailing address for future com | * | report notices): |
| . Future effective date of filing (| optional): | |
| ignature of a manager, memberson. | er or authorized | |
| ignature <u>JUMUUSUM</u> yped Name: <u>Jennifer Schenk</u> | enk. ByD | Secretary of State use only |
| ignature | | |
| yped Name: | | IDAHO SECRETARY OF STATE |
| 3 km are a said a says | | 10/26/2010 05:00 CK: 1457 CT: 252288 BH: 124459 |

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1 6 100.00 = 100.00 ORGAN LLC # 2