

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JUL 16 AM 9: 06

| ± 9¥ | (Instructions or | n back of application | SECRETARY OF A | |
|----------------------------|------------------------------------|-----------------------|--|--|
| The name | e of the limited liabil | ity company is: | SECRETARY OF STATE STATE OF IDAHO | |
| | L.L.C. | ny company io. | | |
| • | plete street and mail | ing addresses of the | initial designated office: | |
| (Street Addr | ress) | | | |
| (Mailing Add | dress, if different than street ac | ldress) | | |
| . The name | e and complete stree | et address of the reg | istered agent: | |
| Ken Moor | re | | reek ct nampa ID 83686 | |
| (Name) | | (Street Address) | | |
| . The name company | | east one member or | manager of the limited liability | |
| | <u>Name</u> | | Address | |
| Ken Moore | | 1817 w rock c | 1817 w rock creek ct Nampa ID 83686 | |
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| B. 4. *** | | | J | |
| • | ddress for future cor | • | ai report notices): | |
| 1817 W FG | ock creek ct Nampa ID 8 | 3080 | | |
| | | | | |
| . Future et | tective date of filing | (optional): | | |
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| gnature of erson. | a manager, memb | per or authorized | | |
| | 1,00- | | Secretary of State use only | |
| gnature Kenneds | | | IDAHO SECRETARY OF STATE | |
| ped Name: Kennetir B Moore | | | 07/16/2015 05:00 CK:1046 CT:309773 BH:14842 | |
| | | | 10 100.00 = 100.00 ORGAN LLC | |
| gnature | | | | |
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