

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 AUG 18 PM 1:48

SECRETARY OF STATE

1.	The name of the limited liability con	STATE OF IDAHO		
	BC SDS Distributors, LLC			
2.	The complete street and mailing addresses of the initial designated/principal office: 2119 Division Ave, Boise, Idaho 83706			
	(Street Address) 2119 Division Ave, Boise, Idaho 83706 (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Melody Campbell (Name)	2119 Division	Ave, Boise, Idaho 83706	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	<u>Address</u>		
	Melody Campbell 2119 Div		ion Ave, Boise, Idaho 83706	
5	Mailing address for future correspon	donos (oppu	al rapart nationals	
J.	2119 Division Ave, Boise, Idaho 83706	dence (anno	ai report riotices).	
6.	Future effective date of filing (optional):			
	nature of a manager, member or son.	authorized		
Sia	nature Meladu Camplele	<del></del>	Secretary of State use only	
Тур	ped Name: Melody Campbell	<del></del>	IDAHO SECRETARY OF STATE <b>08/18/2010 05:00</b> CK: CASH_ CT: 250514 BH: 1235329	
Sig	nature	<del></del>	1 0 100.00 = 100.00 ORGAN LLC # 3	
	and Name:			

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