

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

EO	general ag		A 1 1	215	
1 4	Fib	10	1175		57

			SECRETARY OF STATE				
1.	The name of the limited liability company is:		STATE OF IDAHO				
	Unl	limited Wireless LLC					
2.	The complete street and mailing addresses of the initial designated office:						
	1500 S. Orchard St. Boise, ID 83705						
	(Street Address) 5201 N. Toscana Ave. Meridian, ID 83646	3					
	(Mailing Address, if different than street address)		**************************************				
3.	The name and complete street address of the registered agent:						
	Mark Nyby	5201 N. Toscana Ave. Meridian, ID 83	3646				
	(Name)	(Street Address)					
4.	4. The name and address of at least one member or manager of the limited liability company:						
	<u>Name</u>	<u>Address</u>					
	Blake Louie 5201 N. Toscana Ave. Meridian,		3646				
			÷				
							
	*****		.				
			·				
5.	Mailing address for future correspon	ndence (annual report notices):					
	5201 N. Toscana Ave. Meridian, ID 83646						
			- V-V-V-				
6.	Future effective date of filing (option	al):					
_	nature of a manager, member or	authorized					
per	son.	Secretary of	State use only				
Sia	nature 84		•				
	ed Name: Blake Louie						
,,	med M						
Sig	nature		O SECRETARY OF STATE 6/2012 05:00				
Тур	ed Name: Mark Nyby	CK: 1445 1 0 100,00	CT: 267100 BH: 1311035 = 190.60 CRGAN LLC # 2				

cert_org_lic Rev. 07/2010

W 111137