

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAY -8 PM 2: 40

- 01 F	(Instructions on bac	ck of application	SECRETARY OF STATE
1. The name	e of the limited liability co	ompany is:	STATE OF IDAHO
	oldings, LLC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	plete street and mailing a Elder Road Nampa, Idaho 830		initial designated office:
(Street Add	ress)		
(Mailing Ad	dress, if different than street address)		
3. The name	e and complete street ad	dress of the regi	stered agent:
Shawn Fo	emandez	16070 N. Elder	Road Nampa, Idaho 83687
(Name)		(Street Address)	
4. The name company		one member or	manager of the limited liability
٥	<u>Name</u> emandez	400=0 11 =11	Address
- Charth T	OTHER ISOZ	- TOOTO IV. Elder	Road Nampa, Idaho 83687
•	ddress for future correspo	•	report notices):
10070 N.	Elder Road Nampa, Idaho 830	007	
6. Future ef	fective date of filing (option	onal):	
	• • • • • • • • • • • • • • • • • • • •		
Signature of person.	a manager, member o	or authorized	
Signature	Bow		Secretary of State use only
Typed Name	Brian Webb, author	orized agent	IDAHO SECRETARY OF STATE 05/08/2015 05:00
	. = ,	<b>5</b>	CK:1538 CT:291161 BH:147
Signature			10 100.00 = 100.00 ORGAN I
Typed Name	•		

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