



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 12 AM 11:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CS2, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

1309 N. 20th Boise, Idaho 83702

(Street Address)

P.O. Box 191028 Boise, Idaho 83719

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Kim Kinney

(Name)

1309 N. 20th Boise, Idaho 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Kim Kinney

1309 N. 20th Boise, Idaho 83702

5. Mailing address for future correspondence (annual report notices):

P.O. Box 191028 Boise, Idaho 83719

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Kim Kinney

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/15/2010 05:00
CK: 1048 CT: 252753 BH: 1247041
1 @ 100.00 = 100.00 ORGAN LLC # 2

W97936