

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 NOV 21 AM 9:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

No Boundaries Unlimited LLC

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

758 E Huckleberry Ct. Kuna, ID. 83634

(Street Address)

(Mailing Address, if different than street address)

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

Kristine McFate

(Name)

758 E Huckleberry Ct. Kuna, ID. 83634

(Street Address)

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

Name

Address

Steve McFate

758 E Huckleberry Ct. Kuna, ID. 83634

Kristine McFate

758 E Huckleberry Ct. Kuna, ID. 83634

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

758 E Huckleberry Ct. Kuna, ID. 83634

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Kristine McFate

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
11/21/2011 05:00
CK: 1882 CT: 264337 BH: 1298868
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