

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 DEC 15 PH 4: 24

SECRETARY OF STATE

		STATE OF IDA
1. The name of the limited liability co	mpany is:	STATE OF TUR
Alpha Five LLC		
2. The complete street and mailing at 250 South 5th Street, Suite 660, Boise, (Street Address)		designated office:
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the registered	d agent:
Deborah V. Dunn	250 South 5th Street, Suite 660, Boise, ID 83702	
(Name)	(Street Address)	
The name and address of at least company: Name	one member or mana	nger of the limited liability Address
Deborah V. Dunn, as trustee of the	250 South 5th Street, Suite 660, Boise, ID 83702	
Joy Five Trust		
5. Mailing address for future correspo	•	rt notices):
250 South 5th Street, Suite 660, Boise,	D 83702	
6. Future effective date of filing (option	nal):	
	,	
Signature of a manager, member o	· authorized	
Ala aux		Secretary of State use only
Signature from Vun		IDAHO SECRETARY OF STA
yped Name: Deborah V. Dunn		12/15/2014 05:0 CK:6494 CT:84162 BH:14
	10	100.00 = 100.00 ORGAN
Signature		3 20.00 = 20.00 EXPEDIT
√vped Name [.]		

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