



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 AUG 25 PH 3:07

~~\$5000.00000~~ OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Graves Harold, LLC

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

4393 N. Edelweiss Street, Boise, Idaho 83713

(Street Address)

(Mailing Address, if different than street address)

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

Idaho Service Company

(Name)

101 S. Capitol Blvd., 10th Floor, Boise, ID 83702

(Street Address)

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

**Name**

**Address**

Mark W. Graves, Trustee of the Mark W. Graves Revocable Living Trust dated August 23, 2011,

and any amendments thereto

4393 N. Edelweiss Street, Boise, Idaho 83713

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

Same as above.

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Mark W. Graves

Signature

Typed Name:

Secretary of State use only

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08/25/2011 05:00  
CK: NONE CT: 1117 BH: 1287962  
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