



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 MAR 18 PM 2:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MOI MACIE OF IDAHO LLC.

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

4347 N. JULLION WAY

(Street Address)

BOISE, ID 83704

(Mailing Address, if different than street address)

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

MACIE MILLER

(Name)

4347 N. JULLION WAY BOISE, ID 83704

(Street Address)

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

Name

Address

MACIE MILLER

4347 N. JULLION WAY BOISE, ID 83704

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

4347 N. JULLION WAY BOISE, ID 83704

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

Signature of a manager, member or authorized person.

Signature

Typed Name: MACIE MILLER

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/18/2014 05:00
CK: 8006 CT: 294520 BH: 1415926
1 @ 100.00 = 100.00 ORGAN LLC # 2

W135642