

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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STATE OF IDAHO (Instructions on back of application) The name of the limited liability company is: **BIP LLC** 2. The complete street and mailing addresses of the initial designated/principal office: 612 S. Owyhee Street, Boise, Idaho 83705 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Joseph H. Bourland 612 S. Owyhee Street, Boise, Idaho 83705 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: **Address** Name 612 S. Owyhee Street, Boise, Idaho 83705 Joseph H. Bourland 5. Mailing address for future correspondence (annual report notices): 612 S. Owyhee Street, Boise, Idaho 83705 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: Joseph H. Bourland, Manager IDAHO SECRETARY OF STATE Signature\_\_\_\_ 100.00 ORGAN LLC # 2 Typed Name: \_\_\_\_