

Signature_ Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE

1.	The name of the limited liability company	is: STATE OF IDAHO
	Selectr	ric LLC
2.	The complete street address, and mailing a principal office:	address if different, of the initial designated/
	1885 W. Central Road,	Emmett, idaho 83617
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:	
	National Registered Agents, Inc. 1423 Ty	rell Lane Boise, ID 83706 County of Ada
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	William Todd Griffith 1-	885 W. Central Road, Emmett, Idaho 83617
5.	Mailing address for future correspondence (annual report notices):	
	c/o: 1885 W. Central Roa	d, Emmett, Idaho 83617
6	Estima officializa data of Elima (outlean)	
0.	Future effective date of filing (optional):	
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	acting in behalf of a required, and existing, initial me	
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уÞ	ed Name: Karmelia Fredrick, Legalzoom.com, Inc	IDAHO SECRETARY OF STATE