

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB 13 PM 3:55

1.	The name of the limited liability com	SECRETARY OF STATE TO THE STATE OF IDAHO
		ppany is: STATE OF IDAHO
2.	-	Iresses of the initial designated/principal office: Koaster Ave, Boise, ID 83713
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	David R Jackson	5387 N. Koaster Ave, Boise, ID 83713
	(Name)	(Street Address)
4.	The name and address of at least or company:	ne member or manager of the limited liability
	Name	Address
	David Jackson	5387 North Koaster Ave, Boise, ID 83713
5.	Mailing address for future correspond	•
	5387 North I	Koaster Ave, Boise, Id 83713
6.	Future effective date of filing (options	al):
	nature of organizer(s). (An organizer is a ng in behalf of a member or members).	member, or is
	11/1/1/	Secretary of State use only
_	nature Kul K fluillan	IDAHO SECRETARY OF STATE Page
Тур	ped Name: David Jackson	
∧ !-		IDAHO SECRETARY OF STATE OR OPEN 13/2009 05:00
Sig	nature	CK: 2287 CT: 238588 BH: 1157835 1 0 100.00 = 100.00 ORGAN LLC # 2

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