

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 25 PM 4: 04

SECRETARY OF STATE

1. The name of	the limited liability co	mpany is:	STATE OF IDAHO	
TopPageDigita	d.com, LLC			
	street and mailing ac eet, Caldwell, ID 83605	ddresses of the	e initial designated office:	
(Mailing Address,	f different than street address)			
3. The name and	d complete street add	tress of the req	gistered agent:	
Jeffrey L. Cox	Jeffrey L. Cox		10228 Turner Drive, Middleton, ID 83644	
(Name)		(Street Address)		
The name and company:	d address of at least	one member o	or manager of the limited liability	
	<u>Name</u>		Address	
Jeffrey L. Cox	Jeffrey L. Cox - Member & Manager		10228 Turner Drive, Middleton, ID 83644	
Michael L. Em	Michael L. Emerich - Member		5795 N. Wellspring Way, Boise, ID 83713	
	ss for future correspo eet, Caldwell, ID 83605	ndence (annu	al report notices):	
6. Future effective	ve date of filing (optio	nal):		
Signature of a no	nanager, member o	r authorized		
1	1 / 1	/	Secretary of State use only	
Signature. Typed Name: Jef	frey L. Cox		IDAHO SECRETARY OF STATE 02/25/2015 05:00 CK:10728 CT:25073 BH:146	
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Typed Name: _____