

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY	29	ΔМ	8:	30
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1. The name of the limited liabilit	v company is:	STATE STATE
	IDAMERICA, LLC	OMENT IIAN
2. The complete street and mailin	· · · · · · · · · · · · · · · · · · ·	noted office:
663 OROFINO CT, PLEASANTON	•	nated office:
(Street Address)		· · · · · · · · · · · · · · · · · · ·
(Mailing Address, if different than street add	ress)	
3. The name and complete street	address of the registered ager	nt:
·		
JEFF EKBERG	21246 OAKWOOD DRIVE, G	GREENLEAF ID 83626
(Name)	(Street Address)	
4. The name and address of at lecompany:	ast one member or manager of	f the limited liability
<u>Name</u>	Add	ress
CAROL THORNBURG	663 OROFINO CT	
	PLEASANTON CA 94566	
CRAIG C SJOBERG Manager	663 OROFINO CT	
	PLEASANTON CA 94566	
• • • • • • • • • • • • • • • • • • •	-	
5. Mailing address for future corre	espondence (annual report notic	cae).
663 OROFINO CT, PLEASANTON	•	o <del>cs</del> ).
6. Future effective date of filing (o	ptional):	
Signature of a manager, member	er or authorized	
person.	S	ecretary of State use only
Signature		
Typed Name: CAROL THORNBURG		

Signature\_ Typed Name: CRAIG C OBERG IDAHO SECRETARY OF STATE

15/29/2013 05:00

CK: 2297 CT: 263632 BH: 1375661

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