

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC -8 PM 3: 29

| 1.   | The name of the limited liability comp   | any is:<br>ARBORE,LLO                | S<br>CS                                 | SECRETARY OF<br>STATE OF ID                           | STATE<br>AHO                           |
|--|--|--------------------------------------|---|---|--|
| 2.   | The complete street and mailing address 808 1st Street                                   |                                      | -                                       | ed/principal offic                                    | ce:                                    |
|  | (Street Address) 11709 W. Az   | ure Drive, Bo                        | bise ID 83713                           | ,   |  |
| · (Mailing Address, if different than street address)  |  |                                      |   |   |  |
| 3.   | The name and complete street address   | s of the re                          | gistered agent:                         | •   | ** <sub>1</sub>                        |
| ·  | Ronald N. Marquis  | 117                                  | 09 W. Azure Drive, I                    | 3oise ID 83713  |  |
| 4  | (Name)   | (Street Address                      |   |   |  |
| 4.   | The name and address of at least one member or manager of the limited liability company: |                                      |   |   |  |
|  | <u>Name</u>  | Address                              |   |   |  |
|  | Sandra Marquis   | 11709 W. Azure Drive, Boise ID 83713 |   |   |  |
|  | Ronald N. Marquis  | 11709 W. Azure Drive, Boise ID 83713 |   |   |  |
|  |  |                                      |   |   |  |
|  |  |                                      |   |   | <del></del>                            |
|  |  |                                      | <u> </u>                                |   | 1.                                     |
|  |  |                                      |   | :   | ······································ |
|  |  |                                      |   |   | ;<br>                                  |
| 5. Mailing address for future correspondence (annual report notices): 11709 W. Azure Drive, Boise ID 83713 |  |                                      |   |   |  |
| 6.   | Future effective date of filing (optional  | ):                                   |   |   |  |
| _  | nature of organizer(s). (An organizer is a m   | ember, or is                         |   |   |  |
| actir  | ng in behalf of a member or members).  |                                      | Secret                                  | ary of State use only                                 | <u> </u>                               |
| Sig  | nature Lacerum   | )                                    |   | ,   |  |
| Typed Name: Sandra Marquis   |  |                                      | ALLE formsteart, org. Ic. PMD d 07/2008 | STATE<br><b>05 : 00</b><br>H: 1198343<br>RGAN LLC N 2 |  |
| Sig  | nature   |                                      | l 걸 실                                   |   |  |

Typed Name: \_\_\_\_\_