

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT -6 AM 9:51

1.	The name of the limited liability comp	anv is:	STATE OF IDAHO
•	•	& ASSOCIA	TES, LLC
2.	The complete street and mailing addresses of the initial designated/principal office:  C/O MIMURA LAW OFFICES, PLLC 2176 E. FRANKLIN RD. STE 120 MERIDIAN, ID 83642		
	(Street Address) P.O. BOX 8927, BOISE, IDAHO 83707		
	(Mailing Address, if different than street address)		
3. The name and complete street address of the registered agent:			gistered agent:
	BRANDON D. ROGERS	2176 E. FRA	NKLIN RD. STE 120 MERIDIAN, ID 83642
	(Name)	(Street Address	
4.	The name and address of at least one member or manager of the limited liabilit company:  Address		
	<u>Name</u> BRANDON D. ROGERS	2176 F FRA	Address NKLIN RD. STE 120 MERIDIAN, ID 83642
	DIVINDON D. NOCERO	21102.110	
	*****	<del></del>	
5.	Mailing address for future correspondence (annual report notices):		
P.O. BOX 8937 BOISE, IDAHO 83707			· · · · · · · · · · · · · · · · · · ·
6.	Future effective date of filing (optional	i):	OCTOBER 6, 2009
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).			
			Secretary of State use only
Signature Brank Ray			
Typ	ped Name: Brandon Rogers	<del> </del>	IDAHO SECRETARY OF STATE
Sig	nature		IDAHO SECRETARY OF STATE  10/66/2009 95 20  CK: 12787 CT: 153398 MH: 1189939  1 # 188.90 = 169.80 GRGAN LLC # 2
Typed Name:			Registration of the state of th