

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 JUN -5 AH 9: 01

STORE LANGE STATE STATE OF STATE

<u> </u>	(Instructions o	on back of application)
1. The nam	e of the limited liab	
	nia Development, LLC	•
2. The com	plete street and mai	niling addresses of the initial designated office:
2221 S.	Pacific St Boise, ID 8370	05
(Street Add	iress)	
(Mailing Ac	dress, if different than street a	address)
3. The nam	e and complete stre	eet address of the registered agent:
Jon Wisc	lom	2221 S. Pacific St Boise, ID 83705
(Name)		(Street Address)
4. The nam		t least one member or manager of the limited liability
	<u>Name</u>	<u>Address</u>
Jon Wisc	lom	2221 S. Pacific St Boise, ID 83705
	•	
	<u> </u>	
 		
_		orrespondence (annual report notices):
2221 S.	Pacific St Boise, ID 8370	05
6. Future e	ffective date of filing	y (optional):
Signature o	f a manager, mem	nber or authorized
erson.	•	
	A 200	Secretary of State use only
ignoture	- 18 18	
Typed Name	Jon Wisdom	
		IDANO SECRETARY OF STA
Signature		06/05/2013 05 Ct: 447 Ct: 24341 38: 1
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