

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2015 JUN -5 PM 2: 13

(Instructions on back of application) SECHETARY OF STATE 1. The name of the limited liability company is: Pro Network 2. The complete street and mailing addresses of the initial designated office: 621 W Broadway Ave, Meridian ID 83642 (Street Address) (Mailing Address, if different than street address) The name and complete street address of the registered agent: 621 W Broadway Ave, Meridian ID 83642 Linda Flannery (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name 621 W Broad way Ave. Mondian 83612 5. Mailing address for future correspondence (annual report notices): 621 W Broadway Ave. Meridian ID 83642 6. Future effective date of filing (optional): Signature of Amanager, member or authorized person. Secretary of State use only IDAHO SECRETARY OF STATE Signature 06/05/2015 05:00 Linda Flannery Typed Name CK: 2907188 CT: 172099 BH: 1478598 10 100.00 = 100.00 ORGAN LLC #2 Signature \

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