

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB -5 AM 8: 47

4. The name of the limited liability con	SECRETARY OF OTHER
The name of the limited liability cor	mpany is: SECRETARY OF STATE STATE OF IDAHO
-	Idresses of the initial designated/principal office: hitepost Way, Eagle, ID 83616
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	ress of the registered agent:
Deborah F. Herrud	3134 S. Whitepost Way, Eagle, ID 83616
(Name)	(Street Address)
The name and address of at least of company:	one member or manager of the limited liability
<u>Name</u>	Address
Martha J. Rowen	7190 W. Coho Dr., Boise, ID 83709
Deborah F. Herrud	3134 S. Whitepost Way, Eagle, ID 83616
	•
5. Mailing address for future correspond	•
3134 S. Wr	nitepost Way, Eagle, ID 83616
6 Future offective date of filing (ention	nal):
o. Future effective date of ming toption	
Signature of organizer(s). (An organizer is acting in behalf of a member or members).	a member, or is
acting in behalf of a member of membersy.	Secretary of State use only
Signature Show The Signature	
Typed Name:Deborah F. Herrug	IDAHO SECRETARY OF STATE
Signature Mantha & Rouse	IDANO SECRETARY OF STATE  ### ### ### ### ####################

Martha J. Rowen

Typed Name:

W90416