



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE**

2014 MAR 24 AM 9:06

842 S. Brook Trout Way, Meridian, Idaho 83642

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Matthew Moody-St.Clair

842 S. Brook Trout Way, Meridian, Idaho 83642

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name \_\_\_\_\_

Address

5. Mailing address for future correspondence (annual report notices):  
842 S. Brook Trout Way, Meridian, Idaho 83642

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person

Signature Matthew Moody-St. Clair  
Typed Name: Matthew Moody-St. Clair

### Signature

Typed Name:

**Secretary of State use only**

IDaho SECRETARY OF STATE  
03/24/2014 05:00  
CK: 7517 CT: 294713 BH: 1416657  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W135808