



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 OCT 18 AM 9:33

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

1800 Falling Brook Way
(Street Address)
Boise, Id 83706
(Mailing Address, if different than street address)

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

Patricia Highley 1800 Falling Brook Way
(Name) (Street Address) Boise, Id 83706

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

Name	Address
Patricia Highley	1800 Falling Brook Way Boise, Id 83706

5. Mailing address for future correspondence (annual report notices):

Same

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Patricia Highley

Signature

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
10/18/2012 05:00
CK: 2387 CT: 275417 BH: 1344281
1 @ 100.00 = 100.00 ORGAN LLC # 2