

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 NOV 28 PM 3: 13

11 TO	(Instructions o	n back of application)	SECRETARY OF STATE	
1. The nam	e of the limited liabil	lity company is:	STATE OF IDAHO	
	insformations, LLC	ing company (c)		
2. The com	plete street and mail	ing addresses of the initial d	esignated office:	
1093 W T	Targee St., Boise, ID 837	706		
(Street Add	ress)	,		
(Mailing Ad	dress, if different than street a	idress)		
3. The name	e and complete stree	et address of the registered	agent:	
David Bo	wman	1093 W Targee St., Boi	1093 W Targee St., Boise, ID 83706	
(Name)		(Street Address)		
Name David Bowman		1093 W Targee St., Boi	1093 W Targee St., Boise, ID 83706	
**				
			-	
5. Mailing a	ddress for future con	respondence (annual report	notices):	
1093 W T	argee St., Boise, ID 837	06		
6 Future eff	ective date of filing (ontional):		
o. Tatalo on	couve date or ming (opaonary.		
Signature of	a manager, memb	er or authorized		
person.			Secretary of State use only	
Signature 🚤			Societary of State use Offig	
Typed Name:	David Bowman			
Signature				
	***		IDAHO SECRETARY OF STATE	
			11/28/2012 05:	

CK: 1208002 CT: 172099 BH: 1349151 1 8 100.00 = 100.00 ORGAN LLC # 2

9/21/2012

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