

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2015 JUN 29 AM 9: 41

(Instructions on back of application)

The name of the limited liab	• •	SECRETARY OF STATE STATE OF IDAHO	
The complete street and ma 485 N. 4154 E. Rigby, ID 83442		al designated office:	
(Street Address)			
(Mailing Address, if different than street	address)		
The name and complete stre	eet address of the registere	ed agent:	
Glenn Embree	485 N. 4154 E. Rigb	485 N. 4154 E. Rigby ID 83442	
(Name)	(Street Address)	(Street Address)	
The name and address of at company: Name	least one member or mar	nager of the limited liability Address	
Glenn Embree	485 N. 4154 E. Rigb		
Mailing address for future co	rrespondence (annual rep	ort notices):	
485 N. 4154 E. Rigby ID 83442			
. Future effective date of filing	(optional):		
gnature of a manager, memerson.	nber or authorized		
011/2		Secretary of State use only	
ped Name: Glenn Embree		IDAHO SECRETARY OF STATE 06/29/2015 05:00 CK:5944 CT:311857 BH:14818 10 100.00 = 100.00 ORGAN LL0	
gnature			
/ped Name:	•		

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