

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2012 JUL -9 PM 4: 00

(Instructions on back of application)

SECRETARY OF STATE STATE OF TOAHO

| 1.                | The name of the limited liability company is:  |   |  |  |
|-------------------|--|---|--|--|
| KaeCM Legacy, LLC |  |   | c  |  |
| 2.                | The complete street and mailing addresses of the initial designated office:  13753 Locust Ln, Nampa, ID 83686  (Street Address)  (Mailing Address, if different than street address) |   |  |  |
|                   |  |   |  |  |
| 3.                | ne name and complete street address of the registered agent:   |   |  |  |
|                   | Jacqueline Botimer (Name)  | 13753 Locust Ln, Nampa, Id 83686 (Street Address) |  |  |
| 4.                | he name and address of at least one member or manager of the limited liability ompany:   |   |  |  |
|                   | <u>Name</u>  | Name Address                                      |  |  |
|                   | Jacqueline Botimer   | 13753 Locust                                      | 13753 Lowest Ln. Namps 1 83686   |  |
|                   | Gary Botimer   |   |  |  |
| 5.                | Mailing address for future corresp   | pondence (annua                                   | I report notices):   |  |
|                   | 13753 Locust Ln, Nampa, ld 83686   |   |  |  |
| 6.                | Future effective date of filing (optional):  |   |  |  |
| _                 | nature of a manager, member son.   | or authorized                                     |  |  |
| 0:-               | Back   |   | Secretary of State use only  |  |
| oig<br>T          | nature <u>Garqueline Botimer</u><br>ped Name: <u>Bacqueline Botimer</u>  | my  |  |  |
| ιy¢               | Ded Mame: sacqueille politier  |   |  |  |
| Signature         |  |   | IDAHO SECRETARY OF STATE<br>07/09/2012 05:00<br>CK: 1057123 CT: 172099 BH: 1331351 |  |
| Typed Name:       |  |   | 1 8 180.88 = 180.88 ORGAN LLC # 2  |  |

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