

Typed Name: _____

CERTIFICATE OF ORGANIZATION ED EFFECTIVE LIMITED LIABILITY COMPANY (Instructions on her in

(Instructions on back of application)

10 NOV -5 AM 8: 38

		OF STATE
1.	The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
	Inveneration LLC	SIAIC
2.	The complete street and mailing addresses of the initial designated/principal office:	
	9150 S. Talon Ln Boise, ID 83 (Street Address)	709
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Mary Rockrohe 2715 Auto (Name) J Rockrohe (Street Address)	mn Way Meridian, ID 83642
4.	The name and address of at least one member or manager of the limited liability company:	
	Daniel Rockrohm 9150 S. T	Address alon In Boiso, ±083769
_	Mailing address for future correspondence (appulational	t notices):
5.	5. Mailing address for future correspondence (annual report notices): 9156 S. Todon Un Boise, ±D 83709	
	1100 5: 10000 CN 13013E, 10 83	70.1
6.	Future effective date of filing (optional):	
_	gnature of a manager, member or authorized	
•		Secretary of State use only
	gnature Daul Pachla	
Γy	ped Name: Daniel Kockrohe	IDAHO SECRETARY OF STATE
Sig	gnature	11/05/2010 05:00 CK: 1121 CT: 252560 BH: 1246071 1 8 180.00 = 180.00 ORGAN LLC # 2

W97735 cert_org_lic Rev. 07/2010