

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 JUL 15 PM 2: 09

(Instructions on back of application) SECRETARY OF STATE

•	-	e initial designated office:	
3116 N. Esquire Drive, Boise	e, ID 83704		
(Street Address)			
(Malling Address, if different than st	reet address)		
The name and complete	street address of the re	gistered agent:	
Michael Brown	3116 N. Esq	3116 N. Esquire Drive, Boise, ID 83704	
(Name)	(Street Address)	
company: Name Michael Brown	3116 N. Esq	Address uire Drive, Bolse, ID 83704	
transfer markets	<u> </u>		
<u> </u>			
Mailing address for future	correspondence (appl	ial report notices):	
3116 N. Esquire Drive, Boise			
Future effective date of fi	ling (optional):		
gnature of a manager, m	ember or authorized		
rson.	1 M	Secretary of State use only	
gnature /	ull		
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ped Name: Neal A. Koskella	, Authorized Person		
ped Name: Neal A. Koskella	, Authorized Person	10AHO SECRETARY OF STATE 87/15/2014 95:00 CK:24275 CT:1626 BH:14	

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Typed Name: _____