

**ORIGINAL**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE**

2014 DEC 11 PM 1:57

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Alex, LLC

2. The complete street and mailing addresses of the initial designated office:

2053 NW 9th Pl., Meridian, Idaho 83646

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Glen Olsen

(Name)

839 E. Winding Creek Dr., Ste. 101, Eagle, ID 83616

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name****Address**

Lucina Gabriel Mendez

2053 NW 9th Pl., Meridian, ID 83646

5. Mailing address for future correspondence (annual report notices):

2053 NW 9th Pl., Meridian, ID 83646

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Glen Olsen, Registered Agent

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/11/2014 05:00

CK:1384 CT:291161 BH:1452661

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