



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 SEP 19 PM 3:21

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Five Year Plan LLC

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

4787 S Choctaw Ave, Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Shawn Kimmell

(Name)

4787 S Choctaw Ave., Boise, ID 83709

(Street Address)

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

Name

Address

Shawn Kimmell

4787 S Choctaw Ave., Boise, ID 83709

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

4787 S Choctaw Ave., Boise, ID 83709

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Shawn E Kimmell

Typed Name: SHAWN E. KIMMELL

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/19/2014 05:00

CK:1533 CT:121748 BH:1442057

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