

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 15 AM 8: 40

SECRETARY OF STATE STATE OF IDAHO

i. The har	tie or the ilmited liability con	npany is:	STATE OF IDAHO	
<u></u>	J. '	T. Donnelly RE	ILLC	
2. The cor	nplete street and mailing add	dresses of the	e initial designated/principal office:	
		00 W. Suncres		
(Street Ac	idress)	D-1 ID 0070	-	
(Mailing A	ddress, if different than street address)	Boise, ID 8370	5	
3. The nam	ne and complete street addre	ess of the req	gistered agent:	
	Terrese A. Donnelly	1900	W. Suncrest Dr. Boise, ID 83705	
(Name)		(Street Address)		
4. The nan	ne and address of at least or y:	ne member o	r manager of the limited liability	
	<u>Name</u>	Address		
	Terrese A. Donnelly	W. Suncrest Dr. Boise, ID 83705		
				
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				, and the
				:
E Maritima		_		
5. Mailing a	iddress for future correspond			
	1900 VV. Su	ncrest Dr. Boise	e, ID 83705	
6. Future et	fective date of filing (optiona	l):		
				:
Signature of cacting in behalf	organizer(s). (An organizer is a n of a member or members).	nember, or is		
	$\gamma \sim 0$	11	Secretary of State use only	
Signature Derres H. Donelly			W amera	
Typed Name:	Terrese A. Donnelly		2 1714.1	
		ome	IDAHO SECRETARY OF STATE 8	90
Signature			CK: 1398 CT: 232881 PH: 122 2 1 8 188.88 = 188.88 TRSAN III	6669
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