

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

	(Instructions on ba		NY 11 JUN 20 AM 9: 37
1. The	name of the limited liability of	• • • • • • • • • • • • • • • • • • • •	SECRETARY OF STATE STATE OF IDAHO
1150 (Stree Bois	complete street and mailing O2 W Palm Dr et Address) ee, ID 83713 ng Address, if different than street address		tial designated/principal office:
3. The	name and complete street a	ddress of the registe	ered agent:
Den (Nam	nis M Gunderson e)	11502 W Palm Dr (Street Address)	, , , , , , , , , , , , , , , , , , ,
4. The comp	name and address of at leas pany:	et one member or ma	anager of the limited liability
	<u>Name</u>		Address Boise, ID 83713
	ng address for future corres 02 W Palm Dr	pondence (annual re	eport notices):
6. Futu	re effective date of filing (opt	tional):	
Signatur person. /	e of a manager, member	or authorized	
Signatur,	/ 	<u>un</u>	Secretary of State use only
	eame:		IDAHO SECRETARY OF STATE 06/20/2011 05:00 CK: 4317 CT: 259963 RH: 127916

1 @ 100.00 = 100.00 ORGAN LLC # 2