



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 JUN -7 AM 9:02

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

BLIND ME, LLC

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

60 N DORIAN DR, ONTARIO, OR 97914

(Street Address)

39 PROFESSIONAL PLAZA, REXBURG, ID 83440

(Mailing Address, if different than street address)

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

MELANEE SUTTON

(Name)

39 PROFESSIONAL PLAZA, REXBURG, ID 83440

(Street Address)

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

Name

Address

TRACI L WAITE

60 N DORIAN DR, ONTARIO, OR 97914

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

39 PROFESSIONAL PLAZA, REXBURG, ID 83440

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Tw

Typed Name: TRACI L WAITE

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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06/07/2013 05:00  
CK: 1259 CT: 284849 BH: 1377124  
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